

Office use only:

Card # _____

Expiration date _____

Credit Limit \$ _____



**STATE OF OREGON
SMALL PURCHASE ORDER TRANSACTION SYSTEM (SPOTS)
PURCHASE CARD APPLICATION AND AGREEMENT
(FOR ISSUE TO INDIVIDUAL EMPLOYEE)**

(Note: Application must be submitted within two months of an applicant's training date)

1. By signing this agreement, I apply for a State of Oregon SPOTS card and agree to abide by all the guidelines specified below and those in applicable Department of Administrative Services and agency policies and procedures.
2. Dept of Human Services: _____
Division/program *(select one from list on Page 4)* City _____

The DHS Office of Contracts and Procurement is located at:
500 Summer St. NE, E03, Salem, OR 97301

Phone number: **(503) 945-5818**

For lost or stolen cards, call US Bank Customer Service at **1-800-344-5696**.

3. I will be the only person who will be authorized for purchases with this card. I do not have authority to allow anyone else to make purchases with this card. All purchases I make will be within the established credit limit. I acknowledge all costs and charges associated with this card from my agency's approved budget based on detail coding provided by me.

The card will only be used for authorized purposes of the state and agency/institution. Authorized purposes are defined as purchases which further the business of the state. For purposes of this paragraph, a purchase will "further the business of the state" only when the purchase: (1) is authorized by statute and by Department of Administrative Services rule or policy or agency rule or procedure; (2) will promote or support the lawful operation of the state agency on whose behalf the purchase is made; and (3) may be paid by public funds that are currently available to the agency, by appropriation, expenditure limitation or other legislative authority (and where applicable, by Department of Administrative Services allotment) for the purpose of the purchase.

4. I will not use the SPOTS card for any employee travel purposes other than those specifically approved in OAM policy and procedure 55.30.00. I will not use the SPOTS card for any cash advances. I will not use the SPOTS card for any purpose that does not "further the business of the state" as defined in section 3, above. I understand that this prohibits me from using the SPOTS card for any personal purposes. Personal purposes are non-employment related purposes, purchases that do not "further the business of the state" as defined in section 3, above, and purchases that benefit me or another person individually rather than facilitate the discharge of the official functions or duties of my agency.
5. I will protect the SPOTS card at all times. I will not give the SPOTS card number to anyone except authorized agency personnel or when making an authorized agency/institution purchase.

6. I will immediately notify the bank and the SPOTS Coordinator if the card is lost or stolen. I will immediately surrender my SPOTS card to the Approving Officer or the SPOTS Coordinator when I leave agency employment or if I no longer will be allowed to use the SPOTS card.

The SPOTS card belongs to the bank and I will surrender it immediately when asked. The Approving Officer may make a reasonable attempt to recover the SPOTS card from me if I am an unauthorized or terminated employee. I am responsible for any costs in that effort and agree to pay them from any funds owed me by the State of Oregon, subject to due process. The Approving Officer may assist in efforts to prevent any unauthorized card use and in any legal action against me.

7. I am responsible to assure that total charges made on the SPOTS card do not exceed the defined credit limit. Any charge made by the bank for exceeding the limit will be charged to my agency and may be charged to me personally. A pattern of credit limit abuse will be cause for loss of my SPOTS card privileges.

8. The Fiscal Office will pay all SPOTS card statements for my agency/institution within 14 days of the statement date. The memo statement for the card entrusted to me will be sent to me for any necessary processing (as required in agency procedures).

a. I will keep all required documentation for all purchases made on the SPOTS card. Once each month (unless otherwise directed by agency policy) when my statement arrives, I will attach the documentation to the statement, and, after reconciling and verifying all charges, will sign the documentation.

b. If the original charge slip is lost, I will provide alternate documentation including identifying the charge on the memo statement, attach a written statement identifying what was purchased, date, and place of purchase and retain the additional support with the approved statement as required in agency policy. I understand that a pattern of missing original charge slips may result in the loss of my SPOTS card privileges. I will follow required payment procedures identified in this agreement and in agency procedures.

9. In the case of a billing disagreement or adjustment, I am responsible to initiate and complete necessary action. The Fiscal Office and I will work directly with the bank and/or the merchant to make needed adjustments. I will not delay timely payments to the bank in cases of disagreement. If a credit is due, I will instruct the merchant to issue a credit memo. **I will not request or accept cash back from the merchant when an item is returned or a credit is due.**

10. I recognize my responsibility to comply with ORS 293.295 which requires the following four criteria for payment of a claim against money held by the State Treasurer:

a. The claim must be supported by the approval of the state agency that incurred the obligation or made the expenditure on which the claim is based. *(Approval is evidenced by an authorized signature or approval.)*

b. Provision for payment of the claim must be made by law and appropriation. *(The agency must have adequate budget resources available to pay the claim when incurred.)*

c. The obligation or expenditure on which the claim is based must be authorized as provided by law. *(The claim is based on agency action required or allowed by statute.)*

d. The claim otherwise satisfies requirements as provided by law. *(The claim is not otherwise prohibited by rule or statute.)*

11. I acknowledge that I have access to and have read this agreement and all associated policies and guidelines. Any violation of these guidelines may be grounds for my immediate surrender of the SPOTS card and permanent loss of my SPOTS card privileges. Violations may also be grounds for personal

liability; disciplinary action, up to and including dismissal; and criminal sanctions. Willful fraudulent abuse will be cause for immediate termination of employment and reimbursement of any inappropriate uses of the card.

Any inappropriate or personal purchases become my personal liability for which I will make immediate and complete reimbursement (including any accrued interest) to the agency. Amounts not properly reimbursed by me can be withheld (in total) from my next paycheck. Consistent with ORS 292.288 I agree that my acceptance of the SPOTS card authorizes the State to make such withholding automatically from any amount due me by the State, subject to due process.

DATA entry form:

The following Purchase Card Account Information Record (PCAIR) form needs to be completed for data entry and signed by the Approving Officer. If the requested monthly credit limit is over \$7,500, please forward the form to the SFMS Section. If the requested monthly credit limit is \$7,500 or less, please forward to your agency SPOTS Coordinator.

SIGNATURES:

My signature below indicates that I agree to abide by the terms of this SPOTS card agreement and any subsequent amendment or addendum. I have received a copy of this agreement. SSN means social security number.

Designated user's signature: _____ Employee ID # _____

Printed name: _____ Date: _____

Default index (see link below):
<http://www.dhs.state.or.us/admin/accounting/publications/SDAIndexPCALookup.xls>

Manager's signature: _____

Printed name: _____ Date: _____

Other signature (if required by program): _____

Printed name: _____ Date: _____

OC&P Use Only:

Approving officer's signature:	
Printed name:	Date:



SPOTS CARD INFORMATION

Embossed on card:

First name	Middle initial
Last name	Employee ID # (<i>required</i>)
DHS Division/Program (<i>select one from list below</i>)	City

Other needed information:

Mailing address	City	State	ZIP code + 4
Business phone	Extension	Monthly credit limit	Single transaction limit

DHS Division/Program List (please select one):

- Addictions & Mental Health
- Administration Services & Director's Office
- Blue Mountain Recovery Center
- Child Welfare
- Division of Medical Assistance Programs
- Easter Oregon Training Center
- Information Services
- Oregon State Hospital
- Public Health
- Self-Sufficiency Programs
- Seniors & People with Disabilities
- State-Operated Community Programs
- Vocational Rehabilitation Services
- Volunteer Services