Introduction

• Why? Efficient Cost-Effective Method of Paying for Orders by End-User
• P-Card Policy/Guide PUR-08
• Procurement Procedures & Requirements
• Reconciliation Training – Citi Direct Global Card Management System
P-Card Website

Procurement and Business Services

Welcome to the Procurement and Business Services Department. The following individuals are here to help you with your purchasing inquiries:

POINTS OF CONTACT
1901 Avenue L, CRSB Building, Room 452
Huntsville, Texas 77340
Phone: (936) 294-1894
Fax: (936) 294-1979
procurement@shsu.edu

Staff
Phone
Fax
Email
The Procurement Card

- Issued in the Department Name
- One P-Card per Department
- SHSU Logo & “Official Use Only”
- University Purposes Only
- Bill paid by University
Delegates

- Primary and Secondary
- Assigned by Department Head
- Must Attend Training
- Responsible for keeping all procurement card documentation up to date, initiate Request for Credit Limit Increase, Exception Request and perform GCMS Reconciliation and process Expense Reports
Delegation of Procurement Card Authority

Department:

Procurement Card Number: ________________________________

- The delegate shall be responsible for the procurement card in connection with review of Procurement Card purchases and will exercise due diligence in performing this role.
- The delegate shall ensure that all procurement card transactions are performed in accordance with the policies and procedures of the Procurement Card Program, agree to observe all the requirements and conditions associated with the use of the card, and submit all required documents per Procurement Card Policy and will exercise due diligence in reviewing each Procurement Card transaction.
- The delegate shall ensure that all procurement card purchases are necessary and appropriate for the department's operational needs.

As the assigned delegate for the procurement card number listed above, we will retain full responsibility for the card and all expenditures charged to it.

Primary Delegate: ________________________________
Printed Name: ________________________________
Signature: ________________________________

Secondary Delegate: ________________________________
Printed Name: ________________________________
Signature: ________________________________

My signature certifies that, as Department Head, I have reviewed and approved the above request for delegation.

Department Head Signature: ________________________________
Printed Name: ________________________________
Signature: ________________________________
Effective Date: ________________________________

This delegation will remain in effect until one of the following occurs: (1) The delegation is rescinded by the Department Head, or (2) the delegate leaves the department or the University. (It is the responsibility of the Department Head to inform the Procurement Card Coordinator (via email) if the Primary or Secondary Delegate will no longer serve.) A new delegation form must be submitted to the Procurement Card Coordinator located at SHSU Building, Room 452.

Submit the completed form to: Procurement and Business Services - Attn: Kathy Roberts, Box 2020
Delegate Transfers/Terminations

• Notify P-Card Coordinator Immediately

• Updated Delegation Form Required

• P-Card Policy Training Required
Card Activation

• Your Department’s Procurement Card has been Activated

• Primary or Secondary Delegate Must Sign the back of the Card

• Please ensure the Departmental Procurement Card is Kept in Safe Place
Security of the Card

• Secure Card & Number
• Secure Location
• Do Not Carry
Other Card Users

• P-Card Use Form
• Listing of Authorized Users in Department
• Must be kept Current
• Delegates Instruct Users on Use of Card
Sam Houston State University
P-CARD USE FORM

As a Procurement Card Delegate for Sam Houston State University, I have agreed to comply with the terms and conditions of the Departmental Procurement Card Agreement and the Procurement Card procedures. If at any time my departmental card is to be used by another employee or student of Sam Houston State University for official business only, I will assure that:

- The employee or student has been properly instructed as to the usage
- The usage by another employee or student is recorded in the University’s P-Card System and Procurement Transaction Log, including the employee or student name
- All receipts and back up documentation are provided for the Transaction Detail Summary
- The utmost security processes are implemented

This signed original form must be on file in the Procurement and Business Services Department with the P-Card Coordinator BEFORE allowing another employee to use your departmental procurement card. (Mail this form to Procurement and Business Services, Box 2028)

Print/type Delegate Name       Delegate Signature       (date)

Print/type Department Head       Department Head Signature       (date)

IDENTIFY THOSE INDIVIDUALS BY NAME THAT MAY USE THE
DEPARTMENTAL PROCUREMENT CARD(S)

__________________________________________

__________________________________________
Points of Contact

Program Administrator/Coordinator
Kathy Roberts

• AP Coordinators – Karen Holzek and Norma O’Bannon

• Citi Bank Customer Service
Card Controls

• Payments Cycle Limits - $12,000 - $50,000 (Increase in Limit over $15,000 Requires Additional Approval)

• Daily Spending Limit – None Currently

• Transaction Spending Limit - $2,000 - $5,000
  • P-Card Requisition Form/Credit Limit Increase Form

• Restricted Vendors – MCC Codes

• Declined Purchases & Coordinator
SAM HOUSTON STATE UNIVERSITY
A Member of The Texas State University System
Procurement and Business Services

Request for Procurement Card Credit Limit Increases

Department: ___________________________ Date: ___________________________

Last 4 Digits of Card Number: ___________________________ Contact Name: ___________________________

Primary and/or Secondary Delegate Name: ___________________________

Current Transaction Limit: ___________________________

Requested Transaction Limit: ___________________________

(Not to exceed $5,000)

Current Monthly Limit: ___________________________

Requested Monthly Limit: ___________________________

(Up to $50,000 per Department)

Explanation for Increase:

____________________________________________________________________________________________

____________________________________________________________________________________________

Delegate Signature: ___________________________

Departmental Approval Name (Print): ___________________________

Departmental Approval Signature: ___________________________

I, the undersigned Account Manager (Chair, Director, etc.), do hereby accept responsibility for ensuring that all expenditures charged to the Procurement Card for accounts under my signature authority are expended in accordance with Federal, State, and funding source requirements and sufficient funds are available in the account designated. I acknowledge that I may be held personally liable for expenditures that do not conform to applicable Sam Houston State University rules, regulations, and policies or exceed the fund balance.

Account Manager’s Name: ___________________________ Account Manager’s E-mail Address: ___________________________

Account Manager’s Signature: ___________________________ Date: ___________________________

*******************************************************************************************************

To be completed by Procurement and Business Services Department

Date: ___________________________ Approval by: ___________________________
Lost and Stolen Cards
Fraudulent Purchases

• Citi Bank Customer Service
  • (1-800-248-4553)

• University Police

• Program Coordinator

• Failure to Report
Card Termination & Cancellation

Immediate Card Cancellation - results in cancellation of the department’s cards with no option to ever receive another card
  • Items purchased for personal use- when determined to be intentional abuse or fraud
  • Use of the P-Card to secure a cash advance
  • 2nd Lost or Stolen Card within 3 years after the 1st lost or stolen card

Immediate Card Deactivation – results in a waiting period of 3-6 months for re-activation.
  • Expense Report not completed by the required date for 2 consecutive months or 2 months during a 6 month period
  • Splitting purchases to avoid purchasing procedures (2nd offense)
  • Failure to provide documentation within the requested timeframe for an audit
Points Schedule

• POINTS CYCLE – 6 months (The six month period begins at assessment of the first point.)

• POINTS ACCUMULATION

1. **6 points accumulated within a 6-month period** – will cause the department’s card to be deactivated for a minimum of 3 months. Before any card will be reactivated, each delegate will be required to attend training.

2. **10 points accumulated within a 6-month period** – will cause the department’s card to be deactivated for a minimum of six months. The card will only be reactivated after the 6-month waiting period has expired and each delegate will be required to attend training.

If points were assessed due to an authorized user’s error, the authorized user will also be required to attend training. If the authorized user refuses to attend training, the user’s P-Card purchasing privileges will be revoked until such training has been obtained.
Points Listing

• See Pages 5 and 6 of the Procurement Card Policy/Guide for a listing of points assigned for each infraction.

Examples include:

1.....Failure to get the appropriate approval for Membership Dues prior to purchase per policy.
1.....Purchase of services over the $100 maximum allowed.
1.....Failure to get the appropriate approval for the purchase of Gifts per policy.
2.....Purchase of “Controlled Equipment”.
2.....Failure to get the appropriate approval for the purchase of Awards per policy.
3.....Violation of Finance & Operations Information Technology Policy FO-IT-12, SHSU Technology Oversight.
3.....Failure to obtain approval on the Food/Beverage/Awards/Flowers/Promotion/Gift Items Request Form FO-19A prior to the purchase of food and beverages, flowers for non-University sponsored events, and promotional items.
3.....Failure to complete online reconciliation by due date; failure to provide reconciled Expense Report by due date.
Other Card Cancellations and Actions

• Non-Use

• Failure To Promptly Report A Lost or Stolen Card

• Failure to Complete the Required Training

• Request by Administration
Making a Purchase

• Know Latest Rules, Policies & Procedures

• Determine Transaction Acceptable

• Determine within Spending Limit

• Consider HUB’s

• Check Vendor Warrant Hold Status

• Order – Use Current Practices
Acceptable Purchases

- Tools/Hardware/Janitorial/Safety Supplies
- Books/DVDs/Textbooks/Reference Materials
- Purchase of food/beverages (Require prior approval. See Policy FO-19.)
- Medical/Lab Supplies
- Flowers (Certain cases require prior approval. See Policy FO-19.)
- Gifts/Awards (See Policy FO-19 and FO-PUR-19 respectively.)
- Services (Maximum of $100)
- Office Supplies/Building Supplies and Materials
- Computer Supplies (See Policy FO-IT-12.)
- Registration for conferences, seminars, webinars etc.
- Membership Dues (Require prior approval. See Policy FO-36.)
- Small Equipment (Not “capital” or “controlled”.)
- Promotional Items (Require prior approval. See Policy FO-19.)
- Rentals (Signed Agreements/Terms and Conditions require prior approval)
- Advertisements (Personnel Ads require prior approval.)
Sam Houston State University

Food/Beverage/Award/Flowers/Promotional/Gift Items Request

<table>
<thead>
<tr>
<th>Contact &amp; Vendor Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Department</td>
<td>Date of Request</td>
</tr>
<tr>
<td>Contact Person</td>
<td>Desired Delivery Date</td>
</tr>
<tr>
<td>Contact Person Phone No.</td>
<td>Vendor Name</td>
</tr>
<tr>
<td>Vendor Contact</td>
<td>Vendor Phone</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Item No.</th>
<th>Item Description</th>
<th>Qty</th>
<th>Unit of Measure</th>
<th>Unit Cost</th>
<th>Extended Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total

Reason for Purchase: __________________________________________________________

Requestor Signature: ________________________________

---

Food/Beverage/Award signature approval required below per Finance & Operations Policy FO-19

Direct Purpose: ________________________________

Specific Limitation: ________________________________

I certify that this purchase meets the guidelines of Chapter 3, section 6.8 of the TSUS Rules and Regulations.

Food and Beverage Signature: ________________________________

Awards/Gifts Signature: ________________________________

Flowers Signature: ________________________________

Promotional Items Signature: ________________________________

Alcoholic beverages are prohibited purchases with the P-Card.

Attach this form to the appropriate Purchase Requisition or P-Card Expense report.
Unacceptable Purchases

- Items for Personal Use
- Items purchased from another source other than TIBH available
- Printing
- Animals that are required to be reported on the Annual Financial Report
- Travel and related expenses (Note: Registration is no longer considered a travel expense)
- Cash Advances or cash refunds
- Gift Cards (See Policy PUR-19.)
- Controlled, hazardous, or radioactive materials
- Fuel for automobiles (must use Comdata cards)
Unacceptable Purchases

- Charitable Donations
- Professional and consultant services
- Cellular phones
- Phone Cards
- Postage

- **STATE DEFINED CONTROLLED EQUIPMENT**

  *Finance & Operations Information Resources Policy FO-IR-12, SHSU Technology Acquisition Oversight*

SHSU DEFINED CONTROLLED EQUIPMENT

- Stereo Systems
- Cameras
- TV’s, VCR/DVD Players
- Two-Way Radios
- Camcorders
- Microscopes
- Microcomputers, Servers and Laptops
- Printers
- Data Projectors
- GPS
- UPS Battery Backup
- Scanners
- Monitors

(If the equipment has an orange and white Property tag on it, it is “controlled”. If you are still unsure, contact Property at 294-1908.)
Sam Houston State University
P-Card Exception Approval Form

Transaction Date: ____________________________

Department Name: ____________________________

Charge Amount: ________________________________

Exception Requested by: ________________________

(Department Name)

Last Eight (8) Digits of Card #: __________________

Department Head Approval: ______________________

P-Card Coordinator Approval: ______________________

Provide in detail an explanation of the exception requested associated with this P-Card purchase:

__________________________

Signature of Requester

Instructions:
This form should be completed for any p-card exceptions. Add additional pages if needed and attach. This form and all documentation should faxed or emailed to the P-Card Coordinator for approval before the transaction is made.
# Sam Houston State University

## P-Card Requisition

### TO BE COMPLETED BY DELEGATE:

<table>
<thead>
<tr>
<th>Item No.</th>
<th>Item Description</th>
<th>Qty</th>
<th>Unit of Measure</th>
<th>List Cost</th>
<th>Estimated Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Reason for Purchase:**

**Requestor Signature:**

### TO BE COMPLETED BY ACCOUNT CHAIR OR THEIR DESIGNEE:

- **Fund:** [ ]
- **Org:** [ ]
- **Program:** [ ]

**Printed Name:**

**Title:**

**Signature:**

**Account Chair or Assigned Designee**

Attach this form to the appropriate P-Card Expense report.
Returns/Credits/Disputed Charges

• First try to resolve with the vendor. Complete a Problem Resolution Form to document your progress.

• If you cannot resolve the dispute with the vendor personally, initiate a Formal Dispute using the Citi Disputed Item Form and forward to Citi Card. (A formal dispute can only be initiated if the transaction is in dispute because of the vendor’s error.)

• Inform AP

• Tax charged in error is not a Disputable Charge with Citi.
Sam Houston State University
P-Card Documentation/Problem Resolution

Transaction Date: ________________________________

Vendor Name: __________________________________

Charge Amount: _________________________________

Delegate Signature: _____________________________

Provide in detail an explanation of any problems associated with this P-Card purchase:

ATTACH TO RECEIPT/INVOICE FOR DOCUMENTATION/AUDIT PURPOSES
Citibank® Commercial Cards
Cardholder Dispute Form

Inquirer’s Name: ___________________________ Date: ________________

Cardholder’s Name: ___________________________

Account Number: ___________________________

Cardholder: Please provide a copy of any information/forms requested below along with the statement where the disputed charge appears and send via fax or mail to:

FAX TO: 605-357-2019

MAIL TO: Citibank® Commercial Cards
701 E. 60th ST, N Mail Code 3270
P.O. BOX 9126
Sioux Falls, SD, 57117

This form must be filled out completely and forwarded to the Program Administrator and Citibank within 60 days of the disputed charges’ posting date so that we may investigate.

Program Administrator: This is to notify you of an error on my billing statement:

Date: ___________________________ Dollar Amount of Change: $_____

Merchant: ___________________________

Cardholder Signature: ___________________________

Please read carefully each of the following descriptions and check the one most appropriate to your particular dispute. If you have any questions, please contact us at 1-800-245-4555 (overseas call collect, 904-964-7850). We will be more than happy to advise you in this matter:

- UNAUTHORIZED TRANSACTION
  [ ] I have not authorized this charge to my account.

- DUPLICATE PROCESSING—THE DATE OF THE FIRST TRANSACTION WAS
  [ ] The transaction listed above represents a multiple billing to my account. I only authorized one charge from this merchant for this amount.
  My card was in my possession at all times.

- MERCHANDISE OR SERVICE NOT RECEIVED IN THE AMOUNT OF $_____
  (Please provide a separate statement detailing the merchant, contact, and the expected date to receive merchandise.)
  [ ] My account has been charged for the above transaction, but I have not received the merchandise or service. I have contacted the merchant but the matter was not resolved.

- MERCHANDISE RETURNED IN THE AMOUNT OF $_____
  (Please provide a separate statement detailing the merchant, contact, and the expected date to receive merchandise.)
  [ ] My account has been charged for the above listed transaction, but the merchandise has been returned.

- **Enclosed is a copy of my postal or UPS receipt.**

- CREDIT NOT RECEIVED
  [ ] I have received a credit voucher for the above listed charge, but it has not yet appeared on my account. **A copy of the credit voucher is enclosed.**

- DIFFERENCE IN AMOUNT
  [ ] The amount of this charge has been altered since the time of purchase. Enclosed is a copy of my sales draft showing the amount for which I signed. The difference in amount is $_____

- COPY REQUEST
  [ ] I require a copy of the above draft for my records.

- SERVICES NOT RECEIVED: Please enclose a separate statement with the data of the merchant contact and response.
  [ ] I have been billed for this transaction; however, the merchant was unable to provide the services.
  [ ] I filed for by another means. My card number was used to secure this purchase, however, the final payment was made by check, cash, or another credit card. **Enclosed is my receipt, canceled check, draft or bank’s copy of credit card statement or applicable documentation demonstrating that payment was made by other means.**

- NOT AS DESCRIBED
  [ ] The item(s) specified do not conform to what was agreed upon with the merchant. (The cardholder must specify what goods, services, or things of value were received. The cardholder must also attempt to return the merchandise and state so in his/her complaint.)

If none of the above reasons apply:
Provide a complete description of the problem, attempt resolution and outstanding issues. Use a separate sheet of paper and sign and date your description statement.

© 2007 Citibank, N.A. All rights reserved. Citibank and Citi are trademarks and service marks of Citigroup Inc. or its affiliates and are used and registered throughout the world.
Required Documentation

- Retain Receipts/Applicable Documents
  - Sales Receipts/Invoices or printed internet or email confirmation (always required). Must include pricing.
  - Credit Receipts/Slips/Invoices
  - P-Card Documentation/Problem Resolution Forms
  - Citi Card Disputed Item Form
  - Other information or correspondence related to the purchase (For example: Approvals for Membership Dues, Personnel Ads, IT Purchases, FO-19A Form Approvals.)

- Reconciliation – Citi Card GCMS
  - The Reporting Cycle ends the 3rd of each month at midnight. If the 3rd falls on a weekend or a holiday, the Reporting Cycle will end the preceding business day.

- Monthly Expense Report & Approval
  - Primary and/or Secondary Delegate and Department Head (or his/her Designee) signature required.
  - Due to Accounts Payable by the 15th of each Month

- Send Original Expense Report along with all Invoices/Receipts and accompanying documentation to Accounts Payable.
Audits

• The Program Coordinator will/may

  • Contact the Primary and/or Secondary Delegate requesting an audit review.

  • Visit the Primary and/or Secondary Delegate’s workstation without notice and request an immediate review.

• Office of Audits & Analysis
Card Payment

• Accounts Payable Coordination

• Statement Closes the 3rd of each Month

• Formally Disputed/Fraudulent Charges Are Not Paid

• Budget Issues