

**Purchasing Department**  
**Madison County Board of Supervisors**  
**146 West Center Street**  
**Canton, Mississippi 39046**

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601-855-5503  
hardy@madison-co.com

23 February 2017

District 1 Supervisor Sheila Jones  
District 2 Supervisor Trey Baxter  
District 3 Supervisor Gerald Steen  
District 4 Supervisor David Bishop  
District 5 Supervisor Paul Griffin

Subject: Authorize applying for state procurement cards

Dear Board Members:

The Mississippi Department of Finance and Administration permits counties to apply for procurement cards for use by departments and individuals. Procurement cards are VISA credit cards offered by UMB Bank, which is the same bank that provides our travel cards.

Procurement cards may be issued for use by departments and individual county employees. If issued to a department, the department head, or department head's designee, is responsible for signing the card out to department employees to use to make purchases. Cards issued to individual employees may only be used by the person whose name is printed on the face of the card.

Procurement cards may be used for purchases up to \$5,000, unless a lower limit is set by the program coordinator. The user is required to provide receipts for all purchases and is personally responsible for any misuse of the card. The card may not be used for to purchase equipment that is required to be inventoried and may not be used travel expenses. Splitting purchases, defined as making multiple purchases to avoid the \$5,000 limit, is not allowed and is a criminal offense. Purchases made with a procurement card are sales-tax exempt within Mississippi.

The procurement card program is required to have a program coordinator, who issues and cancels cards, teaches a class to all persons issued a card as what is allowed and not allowed, maintains all card-related paperwork, and reconciles the monthly bill in much the same manner as I do with the current travel card bills. DFA recommends that a person in the county's purchasing office serve as program coordinator.

County Administrator Shelton Vance and I have discussed the merits of getting a limited number of procurement cards. We see several advantages for using procurement cards, including:

1. The county would get one monthly bill for multiple monthly purchases from multiple vendors for items such as parts for the Road Department shop.

2. It would be convenient and potentially save money to be able to purchase items over the Internet from vendors that do not officer charge accounts. An example is the current need to purchase new code books for Planning and Zoning; the least expensive code book vendor only takes credit cards.
3. Deputies traveling out of town to pick up prisoners or investigate crimes would have a method to pay for vehicle repairs to their county vehicle if it breaks down in a location not served by Fuelman.
4. Undercover deputies who receive a clothing allowance would have a convenient method to purchase clothes.

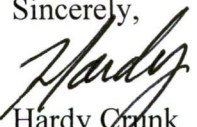
If approved, we would start the program on a limited basis by securing procurement cards for the following:

1. Hardy Crunk (to use for general purchases for various county departments)
2. Madison County BOS1 (card to be signed out by me to employees)
3. Madison County BOS2 (card to be signed out by me to employees)
4. Amber Pope (Road Department purchases)
5. Michael Steel (Road Department shop purchases)
6. Buildings & Grounds (to be signed out by Danny Lee)
7. Danny Lee (Buildings & Grounds purchases)
8. Terance Bacon (Buildings & Grounds purchases)
9. Sheriff's Department (to be signed out by Chief Deputy Jeremy Williams)
10. Jail (to be signed out by Chief Deputy Jeremy Williams)
11. Captain Terry Barefield (clothing allowance)
12. Lt. Todd Wilson (clothing allowance)
13. M/Sgt. Robin Welch (clothing allowance)
14. M/Sgt. Russell Kirby (clothing allowance)
15. M/Sgt. James Knight (clothing allowance)
16. M/Sgt. Michael Chapman (clothing allowance)
17. M/Sgt. Kim Henderson (clothing allowance)
18. Capt. Tommy Jones (clothing allowance)
19. Lt. Trey Curtis (clothing allowance)
20. M/Sgt. Brain Loveall (clothing allowance)
21. M/Sgt. Josh Fish (clothing allowance)
22. M/Sgt. Richard Ladner (clothing allowance)
23. M/Sgt. William Brock (clothing allowance)

I request that the board take the following action:

1. Approve applying for procurement cards from UMB Bank.
2. Authorize the board president to execute the required forms.
3. Name Hardy Crunk as the program coordinator with full authority to approve and execute all forms requiring program coordinator's signature and change information on forms on the county's behalf.

Sincerely,

  
Hardy Crunk  
Purchase Clerk



State of Mississippi Governing Authority Authorized Users Program  
Request Form and Agreement

Under the terms of the Purchasing Card Program Agreement between the State of Mississippi and UMB Bank, n.a. dated April 1, 2010 (the "Agreement")., the Governing Authority entitled by the laws of the State of Mississippi to participate in Mississippi Centralized contracts are authorized to use the Agreement for card services. All charges and the payment for the charges made by the Governing Authority's cardholders are the responsibility of the Governing Authority subject to the terms and conditions of the Agreement.

Program Type: Purchasing

Estimated Annual Spend: \$100,000

Estimated Number Cards: 23

Governing Authority Legal Name: Madison County Board of Supervisors

Physical Address: 125 West North St. Canton, MS 39046

Mailing Address: PO Box 608

City, State, Zip: Canton, MS 39046

Contact Telephone Number 601-855-5503

Governing Authority Contact: Hardy Crunk, Purchase Clerk

Contact E-mail Address: hardy@madison-co.com

By signing below each signing party affirms that they have proper authority to enter into an agreement and the Governing Authority, which is named above, is bound by the same terms and conditions outlined in the Purchasing Card Program Agreement between the State of Mississippi and UMB Bank, n.a..

AGREED TO AND ACCEPTED BY:

GOVERNING AUTHORITY

STATE OF MISSISSIPPI

UMB BANK, n.a.

Office of Purchasing and Travel

Signature

Trey Baxter, President

Name and Title

March 6, 2017

Date Accepted

Signature

Name and Title

Date Accepted

Signature

Name and Title

Date Accepted





**MISSISSIPPI DEPARTMENT OF FINANCE AND ADMINISTRATION  
OFFICE OF PURCHASING, TRAVEL AND FLEET MANAGEMENT  
PROCUREMENT CARD SERVICES PROGRAM**

**PROCUREMENT CARD PURCHASE SETUP FORM**

**SECTION I** INSTRUCTIONS

- To add a new account or make changes, select the appropriate change in Section II. *NOTE: Sections III and IV are to be completed by the Cardholder, while Sections II, V & VI are to be completed by the Agency Program Coordinator.*
- Maintain a copy in the Cardholder and Agency Program Coordinator's files.
- Mail the completed form to the Office of Purchasing, Travel, and Fleet Management, ATTN: Procurement Card Services Program Administrator, 701 Woolfolk Building, Suite A, 501 North West Street, Jackson, MS 39201.

**SECTION II** REPORTING PARAMETERS

*Office of Purchasing, Travel and Fleet Management's Use*

Emailed:  Yes  No

\_\_\_\_\_  
*Authorization Strategy No.* *Reporting Levels/Agency No.*

\_\_\_\_\_  
*Procurement Card Administrator* *Date*

- New Account
- Reissue Replacement Card
- Update Account Information
- Emergency Card Replacement
- Authorization Override
- Change Authorization Strategy
- Lost/Stolen Replacement Card
- Change Account Address
- Change Control Account

**SECTION III** CARDHOLDER'S INFORMATION (Please Print)

Account Number \_\_\_\_\_ Cardholder's First Name \_\_\_\_\_ Cardholder's Last Name \_\_\_\_\_

Department/Agency Name (maximum 21 characters) \_\_\_\_\_ Business Telephone Number \_\_\_\_\_ Extension \_\_\_\_\_

2<sup>nd</sup> Line Embossing (maximum 21 characters/data on Front of Card) \_\_\_\_\_ Fax Telephone Number \_\_\_\_\_

Statement Mailing Address Line 1 (maximum 36 characters) \_\_\_\_\_ Last 4 digits of Social Security Number \_\_\_\_\_

Statement Mailing Address Line 2 (maximum 36 characters) \_\_\_\_\_ Position \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_ Email Address \_\_\_\_\_ Control Account No. \_\_\_\_\_

**SECTION IV** CARDHOLDER'S SIGNATURE

I understand that the Card is to be used for official purchases only. I understand that it is my responsibility to notify UMB if my card is lost or stolen.

Cardholder Signature \_\_\_\_\_ Date \_\_\_\_\_

**SECTION V** AUTHORIZATION PARAMETERS

*Please select one of the below spending limits and indicate the single transaction limit. The Single Transaction Limit cannot exceed \$5,000.*

<p align="center"><u>Credit Level 1</u></p> <input type="checkbox"/> Monthly Credit \$ 30,000 Single Transaction Limit \$ _____	<p align="center"><u>Credit Level 2</u></p> <input type="checkbox"/> Monthly Credit Limit \$20,000 Single Transaction Limit \$ _____	<p align="center"><u>Credit Level 3</u></p> <input type="checkbox"/> Monthly Credit Limit \$10,000 Single Transaction Limit \$ _____	<p align="center"><u>Credit Level 4</u></p> <input type="checkbox"/> Monthly Credit Limit \$5,000 Single Transaction Limit \$ _____
<p align="center"><u>Credit Level 5</u></p> <input type="checkbox"/> Monthly Credit \$1,000 Single Transaction Limit \$ _____	<p align="center"><u>Credit Level 6</u></p> <input type="checkbox"/> Monthly Credit \$500 Single Transaction Limit \$ _____	<p align="center"><u>Credit Level 7</u></p> <input type="checkbox"/> Monthly Credit \$100 Single Transaction Limit \$ _____	<p align="center"><u>Credit Level 8</u></p> <input type="checkbox"/> Monthly Credit \$ _____ Single Transaction Limit \$ _____

**SECTION VI** AGENCY PROGRAM COORDINATOR'S SIGNATURE AND TELEPHONE NUMBER

Approving Agency Program Coordinator's Name (printed) \_\_\_\_\_ Email Address \_\_\_\_\_

Approving Agency Program Coordinator's Signature \_\_\_\_\_ Date \_\_\_\_\_

Business Telephone Number \_\_\_\_\_ Extension \_\_\_\_\_ Fax Telephone Number \_\_\_\_\_



MISSISSIPPI DEPARTMENT OF FINANCE AND ADMINISTRATION  
OFFICE OF PURCHASING, TRAVEL AND FLEET MANAGEMENT  
PROCUREMENT CARD SERVICES PROGRAM

PROGRAM COORDINATOR MAINTENANCE REQUEST FORM

<p><b>SECTION I</b>      <u>INSTRUCTIONS</u></p> <p>1. Indicate the action you are requesting:</p> <ul style="list-style-type: none"><li><input type="checkbox"/> New Program Coordinator</li><li><input type="checkbox"/> Add Alternate Program Coordinator</li><li><input type="checkbox"/> Add to Program Coordinator's Information</li><li><input type="checkbox"/> Update Program Coordinator's Information</li><li><input type="checkbox"/> Delete Program Coordinator's Information</li></ul> <p>2. Maintain a copy in the Approving Official's and Agency Program Coordinator's files.</p> <p>3. Mail the completed form to the Office of Purchasing, Travel, and Fleet Management, ATTN: Procurement Card Services Program Administrator, 701 Woolfolk Building, Suite A, 501 North West Street, Jackson, MS 39201</p>	<p style="text-align: center;"><i>Office of Purchasing, Travel and Fleet Management's Use</i></p> <p><i>Emailed:</i>   <input type="checkbox"/> Yes                                  <input type="checkbox"/> No</p> <p>_____ <i>Authorization Strategy No.</i>                                  <i>Reporting Levels/Agency No.</i></p> <p>_____ <i>Procurement Card Administrator</i>                                  <i>Date</i></p>
<p><b>SECTION II</b>                                  <u>REPORTING PARAMETERS</u></p> <p>Agency/Organization Name: _____</p> <p>Agency/Organization Number: _____ (if applicable)</p>	
<p><b>SECTION III</b>                                  <u>PROGRAM COORDINATOR'S INFORMATION</u></p> <p>_____ Program Coordinator's First Name                                  Middle Initial                                  Program Coordinator's Last Name</p> <p>_____ Statement Mailing Address Line 1 (maximum 36 characters)                                  Last 4 digits of Social Security Number</p> <p>_____ Statement Mailing Address Line 2 (maximum 36 characters)</p> <p>_____ City                                  State                                  Zip                                  Country</p> <p>_____ Business Telephone Number                                  Extension                                  Fax Telephone Number                                  Email Address</p>	
<p><b>SECTION IV</b>                                  <u>AGENCY PROGRAM COORDINATOR'S SIGNATURE AND PHONE NUMBER</u></p> <p>Approving Agency Program Coordinator's Name (printed) _____ Email Address _____</p> <p>Approving Agency Program Coordinator's Signature _____ Date _____</p> <p>Business Telephone Number _____ Extension _____ Fax Telephone Number _____</p>	



**MISSISSIPPI DEPARTMENT OF FINANCE AND ADMINISTRATION  
OFFICE OF PURCHASING, TRAVEL AND FLEET MANAGEMENT  
PROCUREMENT CARD SERVICES PROGRAM**

**CARDHOLDER AGREEMENT**

I, \_\_\_\_\_, (the cardholder) understand that I am being entrusted with a valuable tool that will be utilized to make financial commitments on behalf of my agency and will strive to obtain the best value for my agency and the State. I \_\_\_\_\_ (the cardholder), also agree to accept the responsibility for the protection and proper use of the State's Procurement Card in accordance with the terms and conditions below:

1. Cardholder agrees to purchase commodities/services for official government purposes. (Personal items may not be charged at any time.)
2. Cardholder agrees to notify the merchant that the purchase is made in the name of a government entity which is exempt from state and local taxes. (If taxes are charged, obtain credit immediately.)
3. Cardholder agrees to provide supporting receipts from merchants and/or a transaction log for each transaction. (Supporting receipts must be either in the form of a detailed sales receipt or an official printed order description.)
4. Cardholder agrees upon receipt of the monthly statement, to review all charges to assure accuracy, and complete applicable disputed documents, reconcile the statement with copies of receipts and order logs, approve and sign the statement.
5. Cardholder **must** provide statements, copies of receipts, logs, and dispute documents to the appropriate official within the agency according to agency policy. This should be done within **one (1) day** after receipt of the statement.
6. Cardholder agrees not to share the assigned procurement card or card number with anyone other than the merchant where business is being conducted. Cardholder understands that if shared with anyone other than the merchant that the agency or the Office of Purchasing and Travel may take disciplinary action as a result.
7. Back orders are not allowed. (Assure that all commodities are received).
8. Cardholder agrees not to make split purchases. (Split purchases are not allowed. Cardholder should be aware before the purchase is made that the purchase will exceed the single-purchase limit. MS Code 31-7-13 (b) Purchases over \$5,000 require two written quotes). (See MS Code 31-7-13 (o) for splitting a purchase).
9. Cardholder agrees not to request/provide cash advances. (Cash advances are not allowed).
10. Cardholder agrees not to charge travel related expenses on the procurement card. (Any form of travel related expenses is not allowed).
11. Cardholder agrees not to purchase equipment or inventory with the procurement card. (No equipment or inventory items are to be purchased with the procurement card).
12. Cardholder agrees if the card is lost or stolen, to notify the bank and the Agency's Coordinator immediately.
13. Cardholder agrees to return the card immediately upon request, termination, resignation or retirement.

Cardholder Agreement (con't)

I, \_\_\_\_\_ (name of cardholder), certify that I have read and fully understand the above terms and conditions and I hereby agree to comply with the terms and conditions of the Procurement Cardholder Agreement, the Procurement Card Policies and Procedures and Guidelines, as well as, any additional policies or procedures established by the Office of Purchasing and Travel, and the agency's policies and procedures for use of the State of Mississippi Procurement Card. I understand that I will be held personally responsible for all charges for any purchase which is made and is not in compliance with these procedures. I also understand that my own agency may have additional restrictions and that I will abide by any and all such requirements. In addition to being personally liable for any such charges not in compliance, I understand that failure to follow the established procedures for use of the card may result in either the revocation of my privileges or other disciplinary actions.

Cardholder acknowledges by his/her signature to this agreement below that he/she agrees to comply with the following terms and conditions stated above.

\_\_\_\_\_  
Printed Name of Cardholder

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Cardholder

I, \_\_\_\_\_ (name of program coordinator), certify that I have read and fully understand the policies and procedures for use of the State of Mississippi's, Procurement Card and that I understand that I may be held jointly responsible for all charges for purchases which I have approved, but which are not in compliance with these procedures. I also understand that my agency may have additional restrictions and that I will abide by any and all such requirements. In addition to being jointly liable for any such charges, I understand that misuse of the program may be cause for loss of procurement card privileges for our agency.

\_\_\_\_\_  
Printed Name of Program Coordinator

\_\_\_\_\_  
Agency/Organization Name

\_\_\_\_\_  
Signature of Program Coordinator

\_\_\_\_\_  
Date

<b>Office of Purchasing, Travel and Fleet Management's Use</b>	
Emailed: ___ Yes ___ No	
_____ Authorization Strategy No.	_____ Reporting Levels/Agency No.
_____ Procurement Card Administrator	_____ Date