## **Purchasing Department**

### Madison County Board of Supervisors 146 West Center Street Canton, Mississippi 39046

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

17 April 2015

District 1 Supervisor John Bell Crosby

District 2 Supervisor John Howland

District 3 Supervisor Gerald Steen

District 4 Supervisor Karl Banks

District 5 Supervisor Paul Griffin

Subject: Approve applying for Travel Card and authorize board president to execute required forms

#### Gentlemen:

The Mississippi Department of Finance and Administration's Office of Purchasing, Travel and Fleet Management now has a Travel Card program available for use by counties. The Travel Card is a credit card issued by UMB Bank of Kansas City, Missouri, that is tailored to Mississippi's laws concerning time allowed to pay the monthly invoice, late fees, annual fees, and interest charges.

The county's current credit cards are standard commercial cards that only allow 25 days to pay the monthly invoice. The county's current credit cards have been overdue at times due to the fact that there are sometimes five Mondays in a months and over three weeks between claim dockets. I am not recommending discontinuing the county's current credit cards at this time; however, I do think it would be to the county's advantage to obtain the new Travel Card.

It is my recommendation that the board authorize me to apply for the Travel Card from UMB Bank via the Department of Finance and Administration's Office of Purchasing, Travel and Fleet Management and authorize the board president to execute the required application forms and program coordinator designation request.

Sincerely,

Hardy Crunk

Purchasing Clerk



Signature of Authorizing Officer

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

#### **APPLICATION FORM FOR TRAVEL CARD PROGRAM**

Check one: ☐ State Agency/University ☐ Governing Authority ☐ School District

ENTITY TRAVEL CARD PROGRAM AGREEMENT hereby requests UMB Bank, n.a., Kansas City, Missouri, or its successors or assigns ("UMB" or "Issuer"), to establish a credit card authority for the entity pursuant to which Issuer will open one or more credit card accounts ("Account(s)") in the name of the entity and will issue one or more commercial credit cards or card numbers ("Card(s)") to the entity and/or employees or agents of the entity (collectively, "Employees") to be used for official and approved entity-related business, commercial or

V)'SOCS an entity in the State of Mississippi (the "Agency") and identified in this

**Date Signed** 

	nalf of the entity represents he or she is duly authorized by the entity to d and to comply with the Provisions and Terms Governing Accounts as
The entity authorizes Issuer to investigate the entity's creditworth contained in this Application. The entity certifies that all information	niness and payment history and to otherwise verify the information contained in this Application is true and correct.
Two Signatures are Required  Hardy	Crunk, Purchase Chall Agril 20, 2615
Signature of Program Coordidnator Printed Name of Program	ram Coordinator and Title Date Signed
Korl N	1 Banks April 20, 2015
Signature of Entity Head Printed Name	e of Entity Head Date Signed
Name of Entity	Madison County Board of Sparvisons
FEIN-Tax ID Number	64-6000-658
Mailing Address	PO BOX LOS
Physical Address	146 West Center St
City/State/Zip	Canton, MS 39046
Billing Recipient and Email Address	Mardy Crunk hardy & madison-ro. com
Estimated monthly Agency limit required	\$ 20,000
Agency Telephone Number	601-855-5503
Program Coordinator Name /Email Address and Telephone Number	Hardy Crunk hardy 2 madison - co, cons
Please supply web link to most recent Annual Financial Report or attach paper copy (Governing Authorities and School Districts Only) Total Limits greater than the State Agency/University's pre-authorized amounts may require an updated State Agency/University Resolution authorizing the program.	
Office of Purchasing, Travel and Fleet Management Approval	

This request has been reviewed and approved by the Mississippi Office of Purchasing, Travel and Fleet Management for further processing

Printed Name of Authorizing Officer and Title



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

### PROGRAM COORDINATOR DESIGNATION REQUEST FORM

Check one:   State Agency/University Governing Authority School District		
Name of Entity and Entity Number if known (required)	Madison County Board of Supervisors	
Mailing Address	8.0, Box 608	
City/State/Zip	Canton, M5 39046	
Billing Recipient and Email Address	Hardy Crunk hardy & Madison-co.com	
Telephone Number  Requestor Name /Email Address and Telephone Number	Hardy Crunk hardy amadisin-coicom 601-855-5503	
Instructions		
To add a new account or to provide updated information select the select	pecific action: Add Change Delete D	
2. Maintain a copy in the Cardholder's and Entity Program Coordinator's	s files.	
3. Email or Mail the completed form to:  Office of Purchas Attention: Travel 501 North West S Jackson, MS 392 laurie.pierce@dfa	treet, Suite 701-A	
Primary Program Coordinator Information	C 10	
Program Coordinator Name PO BOX 608	Program Coordinator Last Name	
Statement Mailing Address Line 1 (maximum 36 characters)  Entity/Agency Number  Entity/Agency Number  Address Line 1 (maximum 36 characters)  Full PSS - SS 03  Telephone Number  Email Address		
Alternate Program Coordinator Information	D 11	
Alternate Program Coordinator Name  Cunthia Parker 2 Madison-10, 100  Email/Address  Middle Initial  Alternate Program Coordinator Last Name  601-815-5535  Telephone Number		
Required Approvals		
This request has been reviewed and approved by the Entity for further processing by:		
Karl	M Banks April 20,2015	
Signature of Entity Head Printed Name of Entity Head Date Signed		
This request has been reviewed and approved by the Mississippi Office of Purchasing, Travel and Fleet Management for further processing by:		
Signature of Authorizing Officer Printed N	ame of Authorizing Officer and Title Date Signed	