



Navajo Nation WellsOne Commercial Card Application



EMPLOYEE NAME: _____
(PRINT NAME) (AB#) (SOCIAL SECURITY NUMBER)

JOB TITLE: _____
(BUSINESS TELEPHONE / EXTENSION)

BUSINESS EMAIL: _____
(REQUIRED – ONLY BUSINESS EMAILS ARE ACCEPTABLE, NO GMAIL, MSN, YAHOO, ETC. BASED EMAILS) (CARDHOLDER SIGNATURE – REQUIRED)

DEPARTMENT/PROGRAM NAME: _____
(DEPARTMENT NUMBER)

MAILING ADDRESS: _____
(BUSINESS ONLY)

RECONCILER: _____
(NOT THE CARDHOLDER) (PRINT NAME) (JOB TITLE) (AB#) (SOCIAL SECURITY NUMBER)

BUSINESS EMAIL: _____
(REQUIRED – ONLY BUSINESS EMAILS ARE ACCEPTABLE, NO GMAIL, MSN, YAHOO, ETC. BASED EMAILS) (CARDHOLDER SIGNATURE – REQUIRED)

DEPT MANAGER: _____
(APPROVER ON CCER) (PRINT NAME) (JOB TITLE) (AB#) (SOCIAL SECURITY NUMBER)

BUSINESS EMAIL: _____
(REQUIRED – ONLY BUSINESS EMAILS ARE ACCEPTABLE, NO GMAIL, MSN, YAHOO, ETC. BASED EMAILS) (CARDHOLDER SIGNATURE – REQUIRED)

TRAVEL PCARD RESTRICTED OPERATIONS PCARD

PRIMARY BUSINESS/DEFAULT UNIT: _____ IF EXTERNAL, EXPIRATION DATE: _____

ADDITIONAL BUSINESS UNITS & EXPIRATION DATE: _____

The applicant is seeking authorization to utilize the Navajo Nation Purchase Card. As the Navajo Nation Division Directors/Branch Chief, I hereby grant authority to the individual named above to make reasonable and ethical, legitimate business purchases on behalf of the Navajo Nation Department/Program.

DIVISION DIRECTOR/BRANCH CHIEF: _____
(PRINT NAME) (JOB TITLE)

(SIGNATURE REQUIRED) (DATE)

FOR DPM USE ONLY

Date of Employment: _____

Employment Status: Regular Temporary Probationary Political At-Will Other

VERIFIED BY DPM: _____
PRINT SIGNATURE DATE



Navajo Nation WellsOne Commercial Card Cardholders Agreement



You will be entrusted with the Navajo Nation Purchasing Card (PCard), issued by Wells Fargo Bank. The card is provided to you based on the Department/Program needs to purchase goods (payment for services are not allowed) for the Navajo Nation. It is not an entitlement or a right, nor a reflection of title or position. The card may be revoked at any time without your permission. Your signature below indicates that you have read and will comply with the terms of this agreement:

1. I will be making financial business commitments on behalf of the Navajo Nation and will strive to obtain the best values for the Navajo Nation.
2. I pledge to comply with the Navajo Nation's Procurement Rules and Regulations, the Employee Travel Policy and Procedures, Pcard Policy and Procedures. the Navajo Nation Appropriations Act, the Navajo Business Opportunity Act and Navajo and Indian Preference.
3. I will not use the Pcard to pay for charges that are deemed services as defined under the Navajo Nation's Procurement Rules and Regulations.
4. I will follow the Navajo Nations Purchasing Card Operating Procedures and will receive the Purchasing Card training to understand the policy and procedures governing the PCard. Failure to comply with this Agreement will result in either revocation of card privileges and/or other disciplinary actions from suspension to termination of employment.
5. I understand that under no circumstances is the Pcard to be used for personal purchases and/or gain, either for myself or for others. Usage of the PCard for personal charges is considered misappropriation of Navajo Nation and Federal Funds and will result in disciplinary action from suspension to termination of employment.
6. I agree that should the terms of this Agreement be violated because the Pcard was used for personal purchases and/or gain for myself or for others, I will immediately reimburse the Navajo Nation via payroll deduction for all incurred charges and any fees related to the collection of those charges.
7. I am responsible for all charges incurred on the Pcard issued to me and will not allow another person(s) to use the card which has been issued in my name.
8. I will immediately notify Wells Fargo by telephone at **1-800-932-0036** and a Program Administrator(s) if my card is lost or stolen.
9. I will receive a monthly statement, report with all purchasing activity during the statement period. Because I am responsible for all charges (but not for payment) on the card, I will reconcile the statement with receipts, resolve any discrepancies by either contacting the supplier or Wells Fargo Bank.
10. I will submit a completed CCER packet (closed statement, approved statement, and copies of receipts to support approved expenditures) by deadline set by the Pcard section.
11. I agree to surrender the Purchasing Card immediately upon termination of and/or transfer employment, whether for voluntary, involuntary reasons, retirement.

EMPLOYEE NAME (PRINT)

DEPARTMENT/DIVISON/BRANCH

EMPLOYEE SIGNATURE

DATE

PURCHASING CARD ACCOUNT NUMBER EXP. DATE