APPENDIX I

CARDHOLDER APPLICATION FORM

Company Name: IDAHO DEPARTMENT OF PARKS & RECREATION

1. Type of Request

☐ New ☐ Change ☐ Delete Card Type: _____

Card Account #: _____ Desired Start Date: Y

Name on the Card: X (First Name) X (Middle Initial) X (Last Name)

(Change: Complete only the fields to be changed in the following sections)

2. Card Information

Name - 24 Characters *(Embossed on Card)*	X Last 4 Digits of Social Security Number (Required)
PARKS AND RECREATION Organization Name - 24 Characters *(User defined - embossed below cardholder name on plastic)*	Y Monthly Credit Limit *(Required)*
5657 WARM SPRINGS AVE Address - 36 Characters	Y Single Transaction Limit
BOISE City - 25 Characters	MCC Group
ID (State) 83716 (Zip Code) - (Zip Ext.)	Internal Audit Code - 22 Characters *(User defined)*

3. Reporting Level (Hierarchy)

_____ _____ _____ _____ _____ _____

4. Special Instructions

Y **Cash Advance:** ☐ **Standard Limits** ☐ **Other Limits-Specify**

5. Authorization

Employee Signature: X _____ Date: X

Program Administrator Signature: Y _____ Date: Y

If "X" Cardholder complete **If "Y" Supervisor complete**

APPENDIX II

State of Idaho Account Maintenance Form

Cardholder Information:

Agency Name: _____

Cardholder Name: _____

Cardholder Account Number: 5 4 0 5 - _ _ _ _ - _ _ _ _ - _ _ _ _

Please indicate requested change(s):

☐ Change control restriction as follows:

Increase/Decrease monthly credit limit from $_____ to $_____
Increase/Decrease single transaction limit from $_____ to $_____
Accept the following Merchant Category Codes currently blocked:
_____

Block the following Merchant Category Codes currently accepted:
_____

Other: _____

☐ Change Cardholder name to: _____
(Maximum 24 characters to be embossed on card)

☐ Change address to: _____

_____

☐ Change E-Mail address to: _____
☐ Change Accounting/Dept. Code to: _____
(Maximum 22 characters)
☐ Change Reporting Unit from _____ to _____.

☐ Issue card replacement to due to:
☐ Lost card ☐ stolen card ☐ not received
☐ Embossing error ☐ damaged ☐ other _____

☐ Account Closure/Cancellation (effective immediately)
Reason: _____

I certify that no unauthorized purchases that could be considered misappropriation of State funds have been made by myself or anyone known to me as of _____ (Date card was last used)

X_____ X_____
Cardholder Signature ***Date*** ***P Card Administrator Signature*** ***Date***

APPENDIX II - Alternate

PURCHASING CARD INFORMATION RECORD

TO ADD NEW ACCOUNT

1. Indicate "New Account" under Type of Request.
2. Complete all fields on the form.

TO CHANGE INFORMATION ON AN EXISTING ACCOUNT

1. Indicate Type of Request.
2. Fill in card account number:_____
3. Fill in current name on card:

First Name Middle Initial

Last Name

4. Complete **only** the fields to be **changed** in the following sections.

CARD INFORMATION

*Name - 24 characters Maximum (Embossed on card)

( )

*Last 4 digits of SSN *Work Telephone Number

*Agency Name - 24 characters Maximum
(User definable- embossed below name on card)

Internal Audit Code 22 characters Maximum (User definable)

*Department Name

*E-Mail Address

*Statement Mailing Address

*City

*State *Zip - 9 digit

*Monthly Credit Limit * *Single Transaction $ Limit *Daily Transaction $ Limit

Accept the following Merchant Category Codes currently Blocked:

Block the following MCC Codes Currently Accepted:

TYPE OF REQUEST

- ☐ A. New Account
- ☐ B. Address Change
- ☐ C. Internal Audit Code Change
- ☐ D. Account Closure
- ☐ E. Name Change
- ☐ F. Credit Line Adjustment
- ☐ G. Single Transaction & Limit
- ☐ H. MCC Change
- ☐ I. Other

AUTHORIZATION SIGNATURES

Employee Signature
[If this is an Account Closure, I certify that no unauthorized purchases that could be considered misappropriation of State funds have been made by myself or anyone known to me as of _____
(Date card was last used)]

Date

Approving Manager Signature

Date

Agency Purchasing Card Administrator

Date

[*Those fields indicated by an asterick (*) must be completed before a new card can be ordered.*]

APPENDIX III

State of Idaho
Purchasing Card Record Log

Period Covered: From_____ To _____

Employee Name_____ Card Number _____

Date	Description of Purchase	Vendor/Supplier	Total Charge		Other Information

State of Idaho **APPENDIX IV**

Wells Fargo Bank Purchasing Card Dispute Form

Date: _____

Agency Name: _____

Account Number: 5405-10____-_____-_____

Transaction Date : _____ **Amount:** _____

Merchant Description: _____

Please take a moment and check the appropriate statement that validates your dispute. Please attach any supporting documentation that validates your dispute, such as: credit memos, letter to merchants, sales slips or proof of payments.

____ **I certify that the transaction disputed was not made by me or the person authorized by me to use the card, nor were the goods or services represented by this transaction received by myself or a person authorized by me.**

____ **Although I did engage in the above transaction, I am disputing the entire charge, or a portion in the amount of $_____. I have contacted the merchant and requested a credit to my account for the reason explained in the attached letter.**

____ **The enclosed sales slip for $ _____ appeared on my statement as $ _____.**

____ **The enclosed credit memo: ____ has not posted to my account OR was listed as a purchase on my statement/activity report.**

____ **I did not receive the service and/or merchandise. I have contacted the merchant and they have not resolved my dispute. I expected to receive the merchandise/services on ____/____/____.**

____ **I have already paid for the transactions shown above by: ___ check ___ cash ___ money order ___ other credit card ___ State Controller warrant.**

_____ _____ _____

Your Signature **Date** **Phone Number**

Please return this form Immediately. We appreciate your cooperation and urge you to contact us at 800.932.0036, if you have any questions. Fax completed form to 415.975.6635.

****Transaction dispute must be received by Wells Fargo within 60 days of posting to your account.**

Kathy Alvarado
Dispute & Loss Specialist

APPENDIX V

DECLARATION OF FORGERY OR UNAUTHORIZED USE

Re: State of Idaho - Wells Fargo MasterCard© Purchase Card

Account Number: 5405-10____-_____-_____

I, _____, have reported that my above numbered card or account.(please check and complete applicable section)

___ with an expiration date of _____ was not received by me.

___ was discovered missing on _____.

___ was stolen on _____, at _____.

I have notified the _____ police, who took report # _____.

___ may have been used without my authorization, though valid card was in my possession at all times.

___ additional information enclosed on separate sheet.

I last used the said card on _____, 19____ in the city of _____.

Any duplicate of such card has been destroyed.

The transaction(s) listed below or on the attached sheet and/or transaction made after the date of the last usage were not made by me or by a person acting with my authorization. I received no benefit whatsoever from such use. I further authorize you to accept my telephone verification of any subsequent transaction(s).

TRANSACTION DESCRIPTION	TRANSACTION DATE	AMOUNT

I declare under penalty of perjury that the foregoing is true and correct, and I will testify, declare, depose or certify to the truth hereof before any competent tribunal, officer or person in any case now or hereafter pending in connection with the matters contained within this declaration

_____ _____
Executed at (City/County and State) Date

_____
Signature of Cardholder

STOP! ***Signature of cardholder is required.***

APPENDIX VI

STATE OF IDAHO

CARDHOLDER USER AGREEMENT

You are being entrusted with a State of Idaho Purchasing Credit Card, issued by Wells Fargo Bank. The card is provided to you based on your need to purchase materials for the State Of Idaho. It is not an entitlement nor reflective 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 understand that I will be making financial commitments on behalf of the State of Idaho and will strive to obtain the best value for the State of Idaho.

2. I have read and will follow the State of Idaho Purchasing Card Policies and Procedures. Failure to do so could be considered as misappropriation of funds of the State of Idaho. Failure to comply with this Agreement may result in either revocation of my use privileges or other disciplinary action, up to and including termination.

3. I understand that under no circumstances will I use the State of Idaho Purchasing Card to make personal purchases, either for myself or for others. Using the card for personal charges could be considered misappropriation of funds of the State of Idaho and could result in corrective action, up to and including termination of employment.

4. I agree that should I violate the terms of this Agreement and use the State of Idaho Purchasing Card for personal use or gain, that I will reimburse the State of Idaho within thirty (30) for all incurred charges and any fees related to the collection of those charges.

5. The State of Idaho Purchasing Card is issued in my name. I will not allow any other person to use the card. I am considered responsible for any and all charges against the card.

6. The Purchasing Card is property of the State of Idaho. As such, I understand that I may be periodically required to comply with internal control procedures designed to protect the assets of the State of Idaho. This may include being asked to produce the card to validate its existence and account number.

7. If the card is lost or stolen, I will immediately notify Wells Fargo Bank by telephone at 1-800-932-0036 and the agency program administrator.

8. I will receive a monthly statement, which will report all purchasing activity during the statement period. Since I am responsible for all charges (but not for payment) on the card, I will reconcile the statement and resolve any discrepancies by either contacting the supplier or Wells Fargo Bank.

9. I agree to surrender the State of Idaho Purchasing Card immediately upon termination of employment, whether for retirement, voluntary, or involuntary reasons.

Employee Name (Print)	Purchasing Card Account Number
Employee Signature	Date

RESTRICTED MERCHANT CATEGORY CODES - MCC Appendix VII

The following Merchant Category Codes (MCC) are restricted. The Purchasing Card cannot be used at these merchants. If there is a need to unblock any of these MCC restrictions, please consult with your Agency Purchasing Card Administrator.

MCC	*Description*
4829	Wire Transfer Money Orders (WTMOs)
4899	Cable and other Pay Television Services
5094	Precious Stones and Metals, Watches and Jewelry
5309	Duty Free Stores
5681	Furriers and Fur Shops
5697	Alterations, Mending, Seamstresses, Tailors
5698	Wig and Toupee Shops
5813	Bars, Cocktail Lounges, Discotheques, etc.
5921	Package Stores, Beer, Wine, Liquor
5932	Antique Shops - Sales, Repairs, and Restoration
5933	Pawn Shops
5937	Antique Reproduction Stores
5944	Clock, Jewelry, Watch, and Silverware Store
5945	Game, Toy, and Hobby Shops
5947	Card, Gift, Novelty, and Souvenir Shops
5948	Leather Goods and Luggage Stores
5950	Crystal and Glassware Stores
5960	Direct Marketing - Insurance Services
5962	Telemarketing - Travel - Related Arrangement Servi
5963	Door-to-door Sales
5971	Art Dealers and Galleries
5972	Stamp and Coin Stores Philatelic and Numismatic
5973	Religious Goods Stores
5992	Florists
5993	Cigar Stores and Stands
5997	Electric Razor Stores Sales and Service
6010	Financial Institutions Manual Cash Disbursements
6011	Financial Institutions Automated Cash
6012	Financial Institutions Merchandise and Services
6051	Non Financial Institutions
6211	Securities Brokers/Dealers
6300	Insurance Sales, Underwriting, and Premiums
6381	Insurance Premiums
6399	Insurance Carriers Not Elsewhere Classified
7012	Timeshares
7032	Recreational and Sporting Camps
7033	Campgrounds and Trailer Parks
7251	Hat Cleaning Shops, Shoe Repair ,Shoe Parlors
7261	Funeral Service and Crematories
7273	Dating and Escort Services
7276	Tax Preparation Service
7277	Debt, Marriage, Personal Counseling Service
7296	Clothing Rental - Costumes, Uniforms, and Formal
7297	Massage Parlors
7298	Health and Beauty Spas
7321	Consumer Credit Reporting Agencies
7832	Motion Picture Theaters
7841	Video Tape Rental Stores
7911	Dance Halls, Schools, and Studios
7922	Theatrical Producers Ticket Agencies

MCC	*Description*
7929	Bands, Orchestras, and Miscellaneous Entertainers
7932	Billiard and Pool Establishments
7933	Bowling Alleys
7941	Athletic Fields, Commercial Sports,etc.
7991	Tourist Attractions and Exhibits
7992	Golf Courses, Public
7993	Video Amusement Game Supplies
7994	Video Game Arcades/Establishments
7995	Betting
7996	Amusement Parks, Carnivals, etc.
7997	Clubs Country Clubs, Membership, etc.
7998	Aquariums, Dolphinariums, and Seaquariums
7999	Recreation Services (Not Elsewhere Classified)
8011	Doctors (Not Elsewhere Classified)
8021	Dentists, Orthodontists
8031	Osteopathic Physicians
8041	Chiropractors
8042	Optometrists, Ophthalmologists
8043	Opticians, Optical Goods, and Eyeglasses
8044	Optical Goods and Eyeglasses
8049	Chiropodists, Podiatrists
8050	Nursing and Personal Care Facilities
8062	Hospitals
8071	Dental and Medical Laboratories
8099	Health Practitioners, Medical Services
8111	Attorneys, Legal Services
8211	Schools, Elementary and Secondary
8220	Colleges, Universities, Professional Schools
8241	Schools, Correspondence
8244	Schools, Business and Secretarial
8249	Schools, Trade and Vocational
8299	Schools and Educational Services
8351	Child Care Services
8398	Organizations, Charitable and Social Service
8641	Associations Civic, Social, and Fraternal
8651	Organizations, Political
8661	Organizations, Religious
8675	Associations, Automobile
8699	Organizations, Membership
8911	Architectural, Engineering, and Surveying Service
8931	Accounting, Auditing, and Bookkeeping Services
8999	Professional Services Not Elsewhere Classified
9211	Court Costs including Alimony and Child Support
9222	Fines
9223	Bail and Bond Payments
9311	Tax Payments
9399	Government Services Not Elsewhere Classified
9401	Food Stamps

APPENDIX VIII

ST 101
ST00621
04-26-04

Idaho State Tax Commission

SALES TAX RESALE OR EXEMPTION CERTIFICATE

Seller's Name			Buyer's Name: Idaho Dept. of Parks and Recreation		
Address			Address: P O Box 83720		
City	State	Zip Code	City: Boise	State: ID	Zip Code: 83720-0065

1. Buying for Resale. I will sell, rent or lease the goods I am buying in the regular course of my business.

a. Primary nature of business _____ Describe products sold/leased/rented _____

b. Check the block that applies:
- ☐ Idaho registered retailer, seller's permit number _____ (required - see instructions)
- ☐ Wholesale only, no retail sales
- ☐ Out-of-state retailer, no Idaho business presence

2. Producer Exemptions. I will put the goods purchased to an exempt use in the business indicated below. Check the block that applies and complete the required information.
- ☐ Logging Exemption
- ☐ Broadcasting Exemption
- ☐ Publishing Free Newspapers
- ☐ Production Exemption - check one: ☐ Farming ☐ Ranching ☐ Manufacturing ☐ Processing ☐ Fabricating ☐ Mining

List the products you produce: _____

3. Exempt Buyer. All purchases are exempt. Check the block that applies.

☐ American Indian Tribe	☐ Emergency Medical Service Agency	☑ Idaho Government Entity	☐ State/Federal Credit Union
☐ American Red Cross	☐ Federal Government	☐ Nonprofit Canal Company	☐ Qualifying Health Organization
☐ Amtrak	☐ Forest Protective Association	☐ Nonprofit Hospital	☐ Volunteer Fire Department
☐ Blind Services Foundation, Inc.	☐ Idaho Community Action Agency	☐ Nonprofit School	
☐ Center for Independent Living	☐ Idaho Foodbank Warehouse, Inc.	☐ Senior Citizen Center	

4. Contractor Exemptions. This exemption claim applies to the following invoice, purchase order, or job number.

a. Invoice, purchase order or job number to which this claim applies _____

b. City and state where job is located _____

c. Project owner name _____

d. This exempt project is: (check appropriate box)
- ☐ In a nontaxing state. (Only materials that become part of the real property qualify.)
- ☐ An agricultural irrigation project.
- ☐ For production equipment owned by a producer who qualifies for the production exemption.

5. Other Exempt Goods and Buyers (see instructions).
- ☐ Aircraft used to transport passengers or freight for hire
- ☐ Aircraft purchased by nonresident for out-of-state use
- ☐ American Indian buyer holding Tribal I.D. No._____. The goods must be delivered within the boundaries of the reservation.
- ☐ Church buying goods for food bank or to sell meals to members
- ☐ Food bank or soup kitchen buying food or food service goods
- ☐ Heating fuel and other utilities
- ☐ Livestock sold at a public livestock market
- ☐ Other goods or entity exempt by law under the following statute _____ (required - see instructions)
- ☐ Pollution control equipment required by law
- ☐ Qualifying medical items to be administered/distributed by a licensed practitioner
- ☐ Research and development goods for use at INEEL
- ☐ Snow making or grooming equipment, or aerial tramway component

Buyer: Read and sign. *I certify that all statements I have made on this form are true and correct to the best of my knowledge. I understand that falsification of this certificate for the purpose of evading payment of tax is a misdemeanor. Other penalties may also apply.*

Buyer's Signature	Title
Buyer's Federal EIN or Driver's License No. and State of Issue	Date

Attention Seller: Each of the exemptions a customer may claim on this form has special rules (see instructions on back). It is your responsibility to learn the rules and charge tax to any customers and on any goods that do not qualify for a claimed exemption and are taxable as a matter of law. You may accept this certificate from the buyer prior to the time of sale, at the time of sale, or at any reasonable time after the sale to document the exemption claim.

* This form may be reproduced.
* This form is valid only if all information is complete.
* The seller must retain this form.
* See instructions on back.

Appendix IX
IDAHO DEPARTMENT OF PARKS AND RECREATION

Standard Pcard Purchasing Thresholds

Threshold Category	Group Cards (1)	Individual Cards (2)	Development Bureau Individual Cards	Senior Buyer
Overall Monthly Limit	$2,000	$5,000	$5,000	$5,000
Single Purchase Limit	$300	$1,500	$2,500	$1,500
Daily Transaction Limit (Optional)	$600	$2,000	$2,500	$5,000
Cash Advance	No	Yes	Yes	Yes
Single Dollar Limit	None	$200	$200	$200
Daily Dollar Limit	None	$200	$200	$200
Monthly Transaction Limit	None	4	4	4
Monthly Dollar Limit	None	$500	$500	$500
Verifier	Cost Center Manager	Cardholder Or Designee	Cardholder Or Designee	Cardholder Or Designee
Approver	Cost Center Manager	Cost Center Manager	Cost Center Manager	Cost Center Manager

(1) Cost Center Manager may request lower limits through the Pcard Administrator.
(2) Region Managers or Bureau Chiefs may submit requests for increases in limits to the Pcard Administrator. Justification for the limit increase must be in writing.

APPENDIX X

RECORD OF P-CARD ACTIVITY
NO RECEIPT AVAILABLE

Cardholder's Name: _____

P-Card Transaction Date: _____

Vendor/Supplier Name: _____

Description of
Items Purchased: _____

_____

Amount of Purchase: $_____

Reason Receipt is not available:

_____

_____

_____ ____/_____/____
Cardholder's - Responsible Person's Signature Date

_____ ____/_____/____
Supervisor's Signature Date

Transmittal Number: _____

PCA Number: _____

SubObject Code Number: _____

Attach to transmittal and route to next level supervisor.
Revised (04/2009)