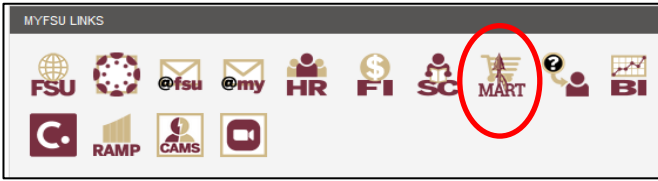
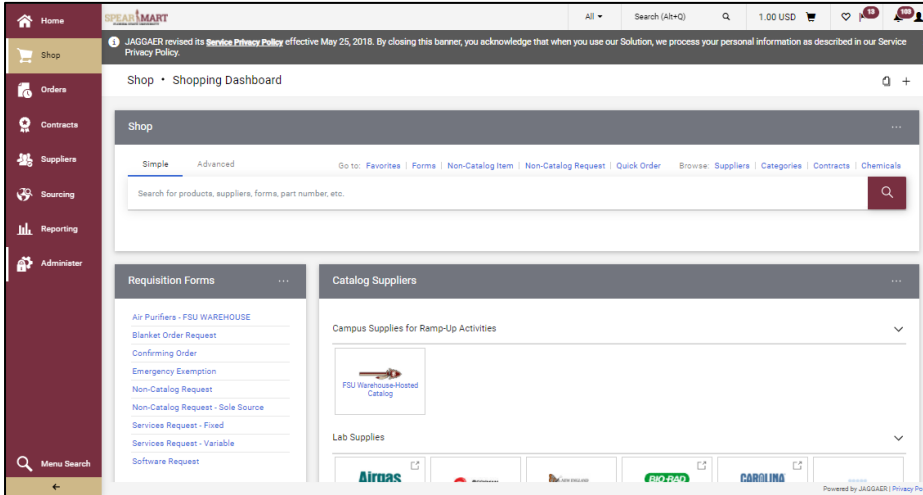


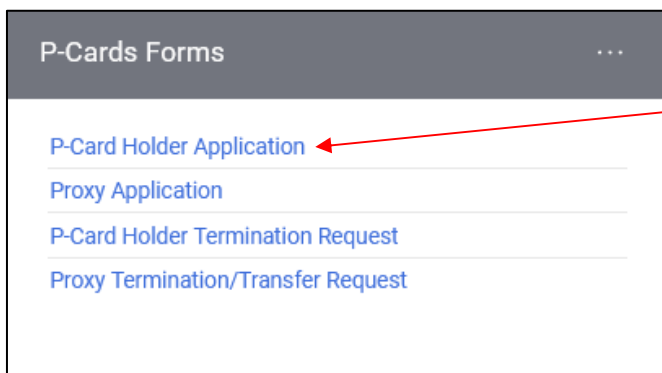
Access SpearMart by navigating to <https://my.fsu.edu/> and logging in with your MyFSU username and password, and then click the SpearMart Icon under MyFSU Links:



The SpearMart Home Page will open.



To submit a P-Card Holder or Proxy Application, scroll down on the page to find the list of Forms which are found to the left of the catalog icons. For this example, a P-Card Holder Application needs to be submitted for a new employee in the office. Therefore, the P-Card Holder Application is selected. The tasks outlined in this Job Aid are the same for the Proxy Application, you would simply select that form to become a Proxy.



Select the **“P-card Holder Application”** Form by clicking on the name of the form.

The form will open.

Fill in all the required information. Any item with the title in **bold** means it is required. You cannot submit the form until this is done.

Click to select if the form is for a new Cardholder or a name change for an existing one.

Form • P-Card Holder Application ▾

P-Card Holder Application

For detailed information on FSU's P-Card Program including important contact information, guidelines, transaction limits, prohibited purchases and more visit the [P-Card Manual Webpage](#) for additional information.

GENERAL SECTION

Application Type * New Application Cardholder Name Change

Enter the Default Department ID and Fund to be used on the card.

Note: Typically C&G budgets cannot be used as the defaults and special authorization from the Sponsored Research Specialist must be obtained prior to allowing this. You must also provide an E&G or auxiliary budget as a backup if a C&G budget is desired.

Enter the applicant's name, birth date, employee ID number, OMNI User Name, Department, Business Address, City, State, Zip and Mail Code, Telephone (must be the FSU phone number) and FSU email address in the appropriate fields.

Note: Yahoo, Google, AOL or other non-FSU email addresses are not acceptable.

Form • P-Card Holder Application ▾

(Entire budget file are required)

E&G/Auxiliary/Vending Default Dept ID/Fund: 027000-110

(If using C&G must provide default state budget above)

C & G Default Dept ID/Fund/Project:

Print Name as you wish it to appear on the Purchasing Card. (First and Last name only).

Sally Shopper

137 characters remaining expand | clear

Date of Birth * 12/01/1987

Employee ID Number * 8675309

OMNI User Name * SSHOPPER1

Department * PROCUREMENT SERVICES

Business Address * 282 CHAMPIONS WAY, STE A1400

City, State, Zip+Mail code * TALLAHASSEE, FL 32306-2370

Telephone * 850-644-6850

E-Mail Address * SALLY@FSU.EDU

Cardholder - A person designated by an agency to be given a Purchasing Card to make purchases within preset limits, on behalf of the agency. In order to obtain a commodity Purchasing card, your department must have at least two (2) individuals designated and trained to be proxies for the cardholder. Please provide the names of the proxies in the blank below:

JOE USER
JANIE PROXY

481 characters remaining expand | clear

Once completed, review the certification statement for the Cardholder. By submitting this form, you are agreeing to the statement listed. When the approvers approve their step of this form process, they are agreeing to the statement that pertains to them as well.

Cardholder

By submitting this form, I, as the P-Card Holder, understand how to access the Florida State University Purchasing Card User's Manual and understand my responsibilities. I also understand that failure to follow the rules and requirements may result in loss of Purchasing Card Privileges.

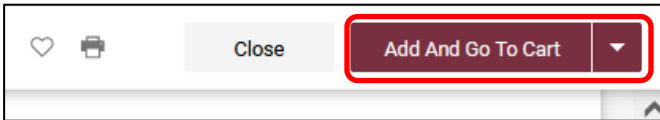
Dean/Department Head

By approving the cardholder profile above, I am in agreement that this cardholder has shown a history of trustworthiness and will fully comply with all the Purchasing Card Program terms and conditions of the Florida State University and Bank of America. I will monitor charges along with the Budget Account Manager to insure compliance with all rules and requirements/

Budget Account Manager

By Approving this form, I also acknowledge that The Florida State University VISA Purchasing Card is issued in the individual's name as listed above, and the Purchasing card utilizes unencumbered money. I am in agreement that this cardholder has shown a history of trustworthiness and will fully comply with all the Purchasing Card Program terms and conditions of the Florida State University and Bank of America. I will monitor charges along with the Supervisor and Dean or Department Head to insure compliance with all rules and requirements.

Scroll to the top of the form and ensure that "Add and Go To Cart."



Your application will be placed in a shopping cart.




Once back in the shopping cart, there are two choices. You can either assign the cart to your requester or proceed to checkout.

For more information on assigning or submitting carts, see the job aids titled, "Assigning Your Shopping Cart" or "Completing a Requisition".

Below is a picture of the Proxy Application. The Instructions are the same as for the Cardholder Application. Fill in the required items and submit or assign the cart for approval.

Form Proxy Application



PROXY APPLICATION

For detailed information on FSU's P-Card Program including important contact information, guidelines, transaction limits, prohibited purchases and more visit the [P-Card Manual Webpage](#) for additional information.

GENERAL SECTION

Application Type * New Application
 Name Change
 Dept/Fund Change

(Entire budget #s are required)

Default Dept ID & Fund (E&G):

(If using O&G budget, must provide a state/SRAD budget as secondary backup tool)

O & G Default Dept ID & Fund:

Print Name (Middle name or Initial is not required).

150 characters remaining [expand](#) | [clear](#)

Employee ID Number *

OMNI User Name *

Department *

Business Address *

City, State, Zip+Mail code *

Telephone *

E-Mail Address *

Proxy is a person who is responsible for coding the information on the charges the Cardholder makes using his/her purchasing card. Proxies must have access to the OMNI system. The Proxy is required to ensure charges are coded within the four (4) days as required. A second Proxy must be designated to perform these duties in the case of absence of the primary Proxy. **If you are the Primary Proxy, provide the name of your Backup. If you are designated as a Backup Proxy, provide the name of the person you will be backing up.**

Proxy
 Backup Proxy

Name *

You will serve as Proxy/Backup Proxy for the following Cardholders (list names):

1000 characters remaining [expand](#) | [clear](#)

When submitting, assigning, or approving, the individuals are certifying to the below statements on the Proxy Application form:

Proxy/Backup Proxy

By submitting this form, I am in agreement that I will fully comply with all the Purchasing Card Program terms and conditions of the Florida State University and Bank of America.

Dean/Department Head

By approving this form, I am in agreement that the Proxy designated above is responsible to log/ review and reconcile all departmental charges procured with the Florida State University VISA Purchasing Card. This individual is aware of acceptable purchases within the Authorized Budget(s), and will fully comply with all the Purchasing Card Program terms and conditions of the Florida State University and the Bank of America.

Budget Account Manager

By Approving this form, I acknowledge that Florida State University VISA Purchasing Card has been issued to individual(s) within this department, and the Purchasing card utilizes unencumbered money.