

Memorandum

TO: Melissa Lee, Purchasing Agent
FROM: Sheriff Bill E. Waybourn
DATE: February 24, 2023
RE: Request for Procurement Card for David Grantham

This memo accompanies the request for a Procurement Card for David Grantham, Chief Deputy for the Tarrant County Sheriff's Office.

As this card is a new card, we anticipate there will be no additional fiscal impact associated with the issuance of the card.

A handwritten signature in black ink, appearing to read "Bill E. Waybourn", with a long horizontal flourish extending to the right.

EMPLOYEE AGREEMENT

I, David Grantham, hereby request a Procurement Card, hereafter the Card. As a holder, I agree to comply with the following terms and conditions regarding my use of the Card.

1. I understand that I am being entrusted with the Card and will be making financial commitments on behalf of the County.
2. I understand that the County is liable to Chase Bank for all charges made on the Card. I understand that I am liable for all charges not in compliance with this Agreement or with the Tarrant County Procurement Card Policy/Procedures Manual, hereafter the Manual.
3. I agree to use this Card for purchases in compliance with the manual and agree not to make purchases in violation of the policy set forth in the Manual. I understand that the County Auditor will audit the use of this Card and that appropriate actions will be taken to enforce this agreement and violations of the Manual.
4. Failure to follow Manual may result in the revocation of my use of the Card and other possible disciplinary actions.
5. I have received a copy of the Manual and understand the requirements of the Card's use.
6. I agree to return the Card immediately upon request or upon termination of my employment (including retirement).
7. If the Card is lost or stolen, I agree to notify the Purchasing Agent and Chase Bank immediately. If the Card is used in a manner not authorized by the manual, I agree to notify the Purchasing Agent immediately.
8. I understand that the burden of proof will be upon me to show that the items purchased were made in compliance with the policy as set forth in the Manual.
9. **Purchases made in violation of the policy as set forth in the Manual will subject me to liability for the total dollar amount of such unauthorized purchases.**

<u>David Grantham</u>	<u>Tarrant County Sheriff's Office</u>	<u>02/24/2023</u>
Employee Signature	Department	Date
<u>Bill Ewylo</u>		<u>2-24-2023</u>
Elected/Appointed Official or Department Head		Date

U.S. Commercial Card Application

COMPANY / ORGANIZATION INFORMATION

TARRANT COUNTY

Company / Organization Name*

Bank Number*

Company Number*

Agent Number* (card design code)

APPLICANT SECTION* - * indicates a required field

Account Holder Type*: ☒ Individual ☐ Department (if card issued to department please skip 1 and 6)

1. APPLICANT INFORMATION

David Grantham
Full First Name* Middle Initial Last Name*

Date of Birth* (mm/dd/yyyy) Employee ID

2. ACCOUNT SECURITY

(Access Code 1 and Access Code 2 cannot be the same)

Access Code 1* (any 4 digit number)

Access Code 2* (any 4 alpha/numeric characters)

3. NAME AS IT WILL APPEAR ON CARD

David Grantham
Name as it will appear on Card* (21 character limit - including spaces)

Second line to appear on Card (21 character limit - including spaces) e.g. Company Name/Other, etc.

4. ACCOUNT CONTACT INFORMATION

dagrantham@tarrantcounty.com
Business email address*

Business phone number*

Mobile phone number*

5. ACCOUNT MAILING ADDRESS

200 Taylor Street
Mailing Street Address*
7th Floor
Mailing Street Address Line 2 (if applicable)
Fort Worth
City*
TX 76182
State* Zip Code*

6. HOME ADDRESS

Home Street Address*

Home Street Address Line 2 (if applicable)

City*

State*

Zip Code*

ADMINISTRATOR SECTION* - * indicates a required field

7. ACCOUNT SPEND LIMITS/CONTROLS

\$ 5,000

Spend Limit*

Cycle Transaction Limit

\$

\$

Single Amount Limit

Daily Amount Limit

Daily Transaction Limit

Cash Advance Limit

9. ACCOUNT PARAMETERS - OPTIONAL

☐ Rush Delivery (fee may apply. No P.O. box)☐ Executive CardCard Delivery Code -
Site ID☐ Declining Balance

Accounting Code

Effective Begin Date
(mm/dd/yyyy)Effective End Date
(mm/dd/yyyy)

8. MERCHANT CATEGORY CODE GROUP SPEND LIMITS

MERCHANT CATEGORY CODE GROUP NAME*	Include (I)/ Exclude (E)*	CYCLE SPEND	CYCLE TRANS #	SINGLE AMOUNT	DAILY AMOUNT	DAILY TRANS #
TARRANT CO	E	\$		\$	\$	
		\$		\$	\$	
		\$		\$	\$	
		\$		\$	\$	
		\$		\$	\$	
		\$		\$	\$	
		\$		\$	\$	
		\$		\$	\$	
		\$		\$	\$	
		\$		\$	\$	

10. HIERARCHY - *do not complete unless instructed during program set-up

Level 1 - if applicable*

Level 2**

Level 3**

Level 4**

Level 5**

Level 6**

11. ADMINISTRATOR CERTIFICATION - please read and sign

I am an authorized representative of the company and by submitting this application for a commercial card(s) for the applicant(s) listed above, I certify that:

- the information in the application and its supporting documents is accurate to the best of the company's knowledge, information and belief
- the identity of the applicant(s) has/have been verified and the applicant(s) is/are employee(s) or agent(s) of the company and is/are authorized to apply for and use the card(s) to incur expenses for the company, and
- the applicant(s) has/have consented to their information being provided for this application and a card(s) being issued in their name.

The company will maintain evidence of the applicant's consents and will give this evidence to JPMorgan Chase Bank, N.A., Chase Bank USA, N.A. or their affiliates upon request.

MELISSA LEE, C.P.M., A.P.P.

Program Administrator / Approver Name Printed*


 Program Administrator / Approver Signature* (ELECTRONIC ACCEPTABLE) Date* 3/2/23

Program Administrator (Authorized Signer) Submit Application to:

Email: CCS-Account-Services@chase.com

US_CC_0820