



## *Memorandum*

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To: Melissa Lee, Purchasing Agent

From: Heider Garcia

Date: 05/09/2023

Re: Procurement Card Application

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Please accept this request to authorize Troy Havard, from the Tarrant County Elections to receive a procurement card for the purpose of purchasing supplies, meeting materials, and general items for the office, travel expenses and election day meals.

I can be reached at (817) 831-6480 with any additional questions.

Sincerely,

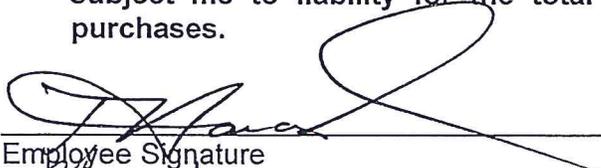
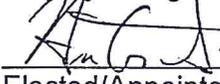
A handwritten signature in black ink, appearing to read "Heider Garcia", is written over a faint, larger version of the same signature.

Heider Garcia  
Elections Administrator

## EMPLOYEE AGREEMENT

I, Troy Havard, 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.**

 _____ Employee Signature	Elections Department	5/9/2023 Date
 _____ Elected/Appointed Official or Department Head		5/9/2023 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** **2. ACCOUNT SECURITY**

Troy C Havard  
 Full First Name\* Middle Initial Last Name\*  
 Date of Birth\* (mm/dd/yyyy) Employee ID  
 Access Code 1\* (any 4 digit number)  
 Access Code 2\* (any 4 alpha/numeric characters)

**3. NAME AS IT WILL APPEAR ON CARD** **4. ACCOUNT CONTACT INFORMATION**

Troy Havard  
 Name as it will appear on Card\* (21 character limit - including spaces)  
 Elections  
 Second line to appear on Card (21 character limit - including spaces) e.g. Company Name/Other, etc.  
 tchavard@tarrantcountytx.gov  
 Business email address\*  
 (817) 831-6463  
 Business phone number\* Mobile phone number\*

**5. ACCOUNT MAILING ADDRESS** **6. HOME ADDRESS**

2700 Premier St  
 Mailing Street Address\*  
 Mailing Street Address Line 2 (if applicable)  
 Fort Worth  
 City\*  
 TX 76111  
 State\* Zip Code\*  
 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** **8. MERCHANT CATEGORY CODE GROUP SPEND LIMITS**

\$ 3,000  
 Spend Limit\* Cycle Transaction Limit  
 \$ Daily Amount Limit  
 Single Amount Limit  
 \$ Cash Advance Limit  
 Daily Transaction Limit

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

**9. ACCOUNT PARAMETERS - OPTIONAL**

Rush Delivery (fee may apply. No P.O. box)  
 Executive Card  
 Declining Balance  
 Card Delivery Code - Site ID  
 Accounting Code  
 Effective Begin Date (mm/dd/yyyy) Effective End Date (mm/dd/yyyy)

**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\*

*Melissa Lee* 5/12/23  
 Program Administrator / Approver Signature\* (ELECTRONIC ACCEPTABLE) Date\*

Program Administrator (Authorized Signer) Submit Application to:  
 Email: CCS-Account-Services@chase.com

US\_CC\_0820