

Memorandum

To: Melissa Lee, Purchasing Agent

From: Tina Glenn, Human Resources Director

A handwritten signature in black ink, appearing to be "TG", is written over the name "Tina Glenn".

Date: July 25, 2023

Re: Procurement Card Application

Please accept this request to authorize Shirley Albiter from the Tarrant County Human Resources Department to receive a procurement card for the purpose of purchasing supplies, meeting materials, and general items for the office.

I can be reached at (817) 884- 1510 with any additional questions.

Sincerely,

Tina Glenn

EMPLOYEE AGREEMENT

I, Shirley Albiter, 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.**

Shirley Albiter
Employee Signature

Human Resources

07/25/2023

Department

Date

Ma Glenn
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

Shirley A Albiter
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

Shirley Albiter
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

Saalbiter@tarrantcountytx.gov

Business email address*

(817) 884-1036

Business phone number*

Mobile phone number*

5. ACCOUNT MAILING ADDRESS

100 E. Weatherford St. Room # 301
Mailing Street Address*Mailing Street Address Line 2 (if applicable)
Fort Worth

City* TX 76196

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

\$ 2,000

Spend Limit* Cycle Transaction Limit

\$ Daily Amount Limit

Single Amount Limit \$ Cash Advance Limit

Daily Transaction Limit

9. ACCOUNT PARAMETERS - OPTIONAL

☐ Rush Delivery (fee may apply. No PQ box)☐ Executive Card☐ Declining BalanceCard Delivery Code -
Site ID

Accounting Code

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

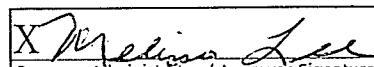
I am an authorized representative of the company and by submitting this application for a commercial card(s) for the applicant(s) listed above, I certify that:

- 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*

 7-28-23
 Program Administrator / Approver Signature* (ELECTRONIC ACCEPTABLE) Date*
Program Administrator (Authorized Signer) Submit Application to:
Email: CCS-Account-Services@chase.com

US_CC_0820