

**MISSOURI STATE UNIVERSITY**  
**Single Event Travel (SET) Card Acceptance Form**

To be completed by Procurement Services:

<b>Cardholder Name:</b>
<b>SET Account Number: MSU SET Account 16</b>
<b>SET Card to be Returned by:</b>
<b>Department P-Card Coordinator:</b>

<b>Cardholder</b>
I certify receipt of the above identified card from the Office of Procurement Services. I understand that I will be responsible for keeping the SET Card in a secured location. The card information will be kept confidential and will only be used in accordance with established guidelines.
Failure to return the SET Card by the date mentioned may result in the loss of this privilege.
<b>Signature:</b> _____
<b>Date:</b> _____

<b>Department P-Card Coordinator</b>
I certify receipt of the above card and that the SET Card will be kept in a secured location until given to the cardholder. The card information will be kept confidential and will not be given to unauthorized personnel.
<b>Signature:</b> _____
<b>Date:</b> _____

<b>Card Return</b>
<b>Signature:</b> _____
<b>Date:</b> _____