

Drake University

Purchasing Card Individual Cardholder Application

Part 1: Cardholder Information		
Cardholder's Name (<i>as it will appear on card – maximum 20 characters</i>)		Social Security # (last 4 digits)
Department Name	Drake Phone Number	Drake E-Mail Address

<p>Part 2: CARDHOLDER AGREEMENT (<i>to be completed & signed by cardholder</i>)</p> <p>You are being entrusted with a University Purchasing Card. The card is provided to you based on your need to make purchases on behalf of Drake University. The card may be revoked at any time without your permission. Your signature below indicates you have read and will comply with the terms of this agreement; as well as, the University's Procurement Card Policy and Guidelines.</p> <p>I, _____ (<i>print</i>), hereby request, for University business purposes only, a Drake University Purchasing Card. In the event that I receive a Purchasing Card, I agree to comply with the following:</p> <ol style="list-style-type: none"> 1. I understand that I will be making financial commitments on behalf of the University and will strive to obtain the best value for the company. 2. I have read and will follow the Purchasing Card Policy and Guidelines. Failure to comply with this Agreement, or the University's Procurement Card Policy and Procedures, may result in either revocation of my use privileges or other corrective action, up to and including termination. 3. I understand that under no circumstances will I use the Purchasing Card to make personal purchases, either for myself or for others. Using the card for personal charges could be considered misappropriations of the University's funds and could result in corrective action, up to and including terminations of employment. 4. I agree that should I violate the terms of this Agreement and use the Purchasing Card for personal use or gain that I will reimburse the company for all the incurred charges and any fees related to the collection of those charges. 5. The Purchasing Card is issued in my name. I will not allow any other person to use the card. I am considered responsible for any and all charges against the card. 6. The Purchasing Card is the University's property. As such, I understand that I may be periodically required to comply with internal control procedures designed to protect the company assets. This may include being asked to produce the card to validate its existence and account number. 7. If the card is lost or stolen, I will immediately notify PNC Bank Customer Service by telephone at 1(800) 685-4039 and the University's Program Administrator. 8. I will review the card activity statement, which will report all purchasing activity during the statement period. Since I am responsible for all charges on the card, I will reconcile the statement, attach receipts for all purchases, and resolve any discrepancies by either contacting the vendor or PNC Bank. 9. I agree to surrender the company Purchasing Card immediately upon termination of employment, whether for retirement, voluntary, or involuntary reasons. 10. I will notify vendors upon making purchases, that Drake University is Tax Exempt. The Tax Exemption number is embossed on the front of the card. <p>Cardholder Signature: _____ Date: _____</p>

Part 3: Cardholder Account Setup (to be completed & signed by the Department Budget Manager, Dean/Director, or President Council Member)

Drake Default FOAPAL:	Fund	Organization	Program
Authorization Limits – Single Transaction Limit: \$3,000 Monthly Transaction Limit: \$8,000		Restrictions – _____ Include Travel Privileges (includes airlines) _____ Include Airline Privileges Only	
Cardholder's Approver Name (required): _____ <i>Note: The designated Approver must be a Budget Manager, Director/Dean, or President Council Member with purchase signing authority for the cardholder's department. The cardholder can not be the designated Approver's supervisor.</i>			
Cardholder's Delegate Name (optional): _____			
X _____ Budget Manager/Dean/Director/President Council Member Name (print)			
X _____ Date: _____ Budget Manager/Dean/Director/President Council Member Signature			

Part 4: Other Cardholder Assignments (if applicable)

List the names this cardholder will be designated as a delegate for:

List the names this cardholder will be designated as an approver for:

*Note: The designated Approver must be a Budget Manager, Director/Dean, or President Council Member with purchase signing authority for the cardholder's department. **The cardholder can not be the designated approver's supervisor.***

**A Purchasing Card Approver Agreement will be required to be on file prior to the designation of an approver. Your program administrator will notify you if this agreement is not on file.*

Part 5: For Accounting Use Only

Program Administrator Signature: _____ Date: _____