

Slippery Rock University of Pennsylvania Purchasing Card Request Form

Primary Cardholder-Name on the Card: _____

Department Name on the Card: _____

Default Fund Center: _____

Monthly Transaction Reconciler: _____

Select Card Options:

Monthly Credit Limit: \$500 \$1,000 \$2,500 Other: _____

Transaction \$ Limit: \$250 \$250 \$250 Other: _____

Justification for Other: _____

Finance Review of Justification: _____

**As a primary cardholder, 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 a valuable tool – a Purchasing card – and will be making financial commitments on behalf of Slippery Rock University of Pennsylvania (hereinafter the “University”), and will strive to obtain the best value for the University.
2. I understand that the University is liable to Bank of America Merrill Lynch for all charges made on the card.
3. I agree to use this Card for approved purchases only and agree not to charge personal purchases. I understand that the University, State System of Higher Education and/or Commonwealth of Pennsylvania authorities will audit the use of this Card and report and take appropriate action on any discrepancies.
4. I will follow the established procedures for the use of the Card. Failure to do so may result in either revocation of my use of privileges or other disciplinary actions, including discipline in accordance with the Employee Handbook, Collective Bargaining Agreements, and all applicable laws, regulations and policies.
5. I have been given a copy of the “Purchasing Card Policy & Procedures”, Slippery Rock University of Pennsylvania, and I understand the requirements for the Card’s use.
6. I agree to return the Card immediately upon request or upon termination of employment (including retirement).
7. If the Card is lost or stolen, I agree to notify the Purchasing Card Coordinator and Commercial Card Services immediately.
8. I am responsible for assigning and administering secondary users and purchases they make.

Signature of Cardholder: _____ Date: _____

As Supervisor, I approve the issuance of a Purchasing Card to this university employee. I agree to uphold and enforce all applicable policies for the Slippery Rock University of Pennsylvania, applicable laws of the State of Pennsylvania, and all applicable policies and procedures and to assure that the card is turned over to the Purchasing Card Administrator immediately upon this employee’s termination in my department. I agree that the department’s budget will bear the cost of any misuse or loss resulting from the use of this card.

Supervisor Name (please print): _____

Supervisor Signature: _____ Date: _____

Purchasing Card Administrator: _____ Date: _____