

Clarion University Purchasing Card Enrollment Form (revised 3/2018)

I hereby request a Clarion University Purchasing Card (P-Card). As a cardholder, I agree to comply with the attached Clarion University of Pennsylvania (University) P-Card Policy, Procedure No. 31.604.

I understand that I am being entrusted with a payment tool that authorizes me to make financial commitments on behalf of the University as provided for in the University P-Card and Purchasing policies; and I agree to use the P-Card for University authorized purchases only according to all University policies, rules and requirements. Failure to do so may result in either revocation of my use of the P-card or other disciplinary actions, including discipline in accordance with the Employee Handbook, Collective Bargaining Agreements, and all applicable laws, regulations and policies.

I understand the University is liable to the P-Card provider for all charges made on the P-Card. I agree to use the P-Card for University authorized purchases only and agree not to charge personal purchases with the P-Card. I also understand that I will be required to reimburse the University for any unauthorized purchases.

I agree to upload all required documentation including receipts, Travel Approval Request, and Food Service Request forms to the Bank of America Works website no later than the 5th working day of the following month. I understand if I fail to do so my P-Card privileges may be suspended.

I agree to return the P-Card immediately upon request or termination of employment (including retirement). Should there be any organizational change, which causes my cost center to change, I also agree to notify the P-Card Program Administrator of such changes.

If my P-Card is lost or stolen, I agree to contact the P-Card provider, Bank of America, immediately, and notify the P-Card Administrator of the card status.

Employee Printed Name

Employee ID #

Date

Employee Signature

Supervisor's Signature

VP of Finance and Administration (or Designee)

Date

Default Limits: Monthly Limit \$1,000 Single Limit Transaction \$500

Justification for requested increase from the established default limits:

Requested Monthly Limit _____ Requested Single Limit Transaction _____

Reason for increased limit request: _____

Cardholder Information:

Department _____ Cost Center/WBS _____

Email Address _____ Business Phone _____