

## Clarion University Purchasing Card Enrollment Form

I, \_\_\_\_\_ (print name), hereby request a Purchasing Card. As a cardholder I agree to comply with the following terms and conditions regarding the use of the Clarion University of PA (University) Purchasing Card.

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 Purchasing Card and Purchasing policies and I agree to use the purchasing card for University authorized purchases only and according to all University policies, rules, and requirements. Failure to do so may result in either revocation of my use of the Purchasing 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 that the University is liable to the purchasing card provider for all charges made on the purchasing card.

I agree to use the Purchasing Card for University authorized purchases only and agree not to charge personal purchases with the Purchasing Card. I also understand that I will be required to reimburse the University for any unauthorized purchases.

I agree to complete and submit my pcard log by the 15<sup>th</sup> of the following month. I understand if I fail to do so my pcard privileges may be suspended.

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

If the Purchasing Card is lost or stolen, I agree to notify the Purchasing Card Administrator and/or the purchasing card provider immediately.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Employee ID #

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

### Cardholder information:

Department \_\_\_\_\_ Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cost Center/WBS Element \_\_\_\_\_

Business telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Home telephone \_\_\_\_\_

E-mail address: \_\_\_\_\_ SSN #(last 4 digits only) \_\_\_\_\_