

## Purchasing Card Account Request

The Banner Finance System should always be your first choice for obtaining goods and services. The University P-Card should only be used as a supplement for items that are not available through the Purchase Order process or in extreme emergencies. Justification is required for most purchases.

### Accountholder

<b>*Required</b>	
New Card	
Replacement Card	
Change Request (explain below)	
<b>*Employee Name /Accountholder</b>	<b>*Banner ID</b>
<b>*Employee Phone Number</b>	<b>*Division, College, Department</b>
<b>*Employee Email Address</b>	<b>*Building Name &amp; Office/Suite Number</b>
<b>*Employee Title</b>	<b>Name on Card (if different than employee, i.e., department name)</b>
<b>*What is the intended use of the P-Card? Provide justification for this request. Include anticipated purchases.</b>	
<p><i>I understand that no personal purchases may be made with this card, even with the intent of reimbursing the University. I agree to abide by all policies and procedures applicable to this program, and any subsequent amendments or addenda, including completing training as requested by the Office of Contracting &amp; Procurement. I understand that failure to comply with the policies and procedures applicable to the program may result in the revocation of this card and appropriate disciplinary action.</i></p>	
<b>*Employee/Accountholder Signature</b>	<b>*Date</b>

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### Administrative Assistant / Proxy Reconciler (if applicable)

* Administrative Assistant Name (enter n/a if none)	* Administrative Assistant Banner ID
* Administrative Assistant Phone Number	* Administrative Assistant Email Address

### Purchasing Card (P-Card) Approver (Acknowledgement & Information)

The Approver is required to review each Accountholder transaction, approve or flag the transactions, and sign off in the Works environment for each billing cycle.

* Approver Name	* Approver Banner ID
* Approver Title	* Approver Email Address

<p><i>As the Approver, I hereby agree to administer fiduciary responsibility by reviewing all transactions for appropriateness, as stated in the P-Card Policy and Procedures. If I find any inappropriate purchases, I will notify the Office of Contracting &amp; Procurement immediately. Furthermore, I will ensure that all transactions are reconciled to the correct FOAPAL by account cycle deadlines and ensure that detailed receipts and comments are attached to each transaction. I also agree to complete Approver training if requested by the Office of Contracting &amp; Procurement. I understand that should an Accountholder transfer out of the Department, or terminate employment with Rowan, I must notify the Office of Contracting &amp; Procurement immediately upon that employee's departure from the department.</i></p>	
* Approver Signature	* Date

### Next Reporting Level P-Card Approval

<p><i>I hereby understand and agree to the above-named personnel's roles and responsibilities as they are related to the University Purchasing Card. I recommend issuance of a P-Card as requested above. I understand it is the ultimate decision of the Office of Contracting &amp; Procurement to approve or reject this application.</i></p>	
* Dean/Vice President/Provost Name & Signature	* Date

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## Rowan University Purchasing Card Accountholder Agreement

I (employee name) \_\_\_\_\_, as the Accountholder, agree to the following conditions regarding my use of the Rowan University Purchasing Card (P-Card):

1. I understand that by using the P-Card, I will be making financial commitments on behalf of Rowan University
2. I will strive to obtain the best value for the University when purchasing merchandise and/or services with the P-Card.
3. I agree to use the P-Card only for authorized purchases, with authorized vendors, and in an appropriate manner as defined in the P-Card Policy.
4. I understand that should I make an unauthorized purchase with the P-Card or use the P-Card in an inappropriate manner, I will be subject to disciplinary action that may include card suspension or cancellation, termination of employment at Rowan University and criminal prosecution. I further agree that should I make an unauthorized purchase with the P-Card; I will reimburse Rowan University in full. Should payment in full not be made within fifteen (15) days of the date that I was notified of my obligation to reimburse the University, I hereby authorize Rowan University to deduct from my paycheck the exact amount of my debt. Should my employment at the University terminate prior to my reimbursing the University in full, I hereby authorize Rowan University to deduct from my final paycheck the amount of my debt. I understand that collection agency fees, attorney fees, court costs and other costs and charges necessary for the collection of any amount owed by me and not paid when due are my obligation.
5. I understand that the University will monitor and audit my use of the P-Card.
6. I agree to notify the P-Card Administrator, as defined in the P-Card Policy, immediately upon my transfer to a different department, or upon termination of my employment at Rowan University.
7. I (or Proxy Reconciler) will complete all Works training as required by OC&P. I understand that failure to do so will result in loss of P-Card privileges until the training is completed.

My signature below indicates that I have read and understood this agreement, agree to be bound by it, and any subsequent amendments or addenda, for as long as I am a Purchasing Card Accountholder at Rowan University.

*Employee/Accountholder Signature	*Date