



APPENDIX A

VISA Purchasing Card Application

Cardholder Name: _____

PeopleSoft Dept. ID: _____ PeopleSoft Account: _____
5 digit Dept. I.D. number 6 digit account number (subcode)

Department Name: _____

Department Campus Address: _____
(Building, Room Number)

Department Campus Address: _____
(City, State, Zip code)

Cardholder Telephone Number: _____

Cardholder E-Mail Address: _____

*Single Transaction Limit (Indicate One): ____ \$2,499.00 ____ \$4,999.00 (max.) Other _____

*Monthly Credit Limit: _____ (To a maximum of \$15,000)

*Once the monthly credit limit is reached, cardholder will not be allowed to make additional purchases. Transaction and Monthly Credit Limits may be increased only once a year.

Reviewer(s)—Cardholder’s immediate supervisor required to approve all Purchasing Card Transaction Logs.

Reviewer(s): I certify that I will review the purchasing card transactions monthly to ensure that receipts for all transactions are filed, the VISA statements have been reconciled, all transactions have been accurately recorded, and are allowable, appropriate, reasonable and authorized charges. I also understand and will perform the duties of reviewer as stated in Towson’s Corporate Procurement Card Policy and Procedures, a copy of which was given to me during training.

Reviewer’s Name: _____ Telephone: _____
(printed or typed)

Email Address: _____ Signature: _____

Reviewer’s Name: _____ Telephone: _____
(printed or typed)

Email Address: _____ Signature: _____

No Cash Advances No Travel or Entertainment No Unincorporated Service Providers No Gifts

STATE OF MARYLAND
CORPORATE PURCHASING CARD PROGRAM
CARDHOLDER AGREEMENT

I, _____, hereby request a Corporate Purchasing Card. As a cardholder, I agree to comply with the following terms and conditions related to the use of the card:

- 1 I understand that I am being delegated the authority to purchase supplies and services on behalf of **TOWSON UNIVERSITY**, and that cash advances are strictly prohibited.
- 2 I agree that this card will be used for approved purchases only and, further, that I will not charge any personal purchases to this card. All purchases must be made in accordance with applicable laws and regulations, including, but not limited to, the Procurement Policies and Procedures of the University System of Maryland, the State of Maryland Corporate Purchasing Card Policy, and Towson University's Corporate Procurement Card Policies and Procedures. I understand that my failure to follow established procedures may result in disciplinary actions against me, including loss of leave time, suspension and/or termination of employment, fine, and/or criminal prosecution.
- 3 I agree to return the card immediately upon suspension and/or termination (including retirement) or upon reassignment to another Towson University Department or cost center. Also, I agree to return the card immediately upon request of my supervisor and that disciplinary actions referred to in paragraph two (2) would also apply for failure to do so.
- 4 If the card is lost or stolen, I agree to immediately notify Bank of America and the Purchasing Card Program Administrator.

STATEMENT OF COMPLIANCE

I certify that I shall purchase supplies or services in accordance with applicable USM Procurement Policies and Procedures, State of Maryland Corporate Procurement Card Policy and Procedures and Towson University Corporate Procurement Card Policy and Procedures. I certify that, to the best of my knowledge and belief, all of my statements are true, correct, complete, and made in good faith, and subject to all applicable laws and regulations.

I further acknowledge and certify that I shall be personally responsible for any unauthorized Corporate Procurement Card purchase, including any erroneously charged and paid Maryland State Sales Tax. I hereby authorize the State to deduct from my payroll check and from any other payments to me the amount of such unauthorized purchases made on the Corporate Purchasing Card issued to me. Approved by:

Cardholder Signature/Date

Department Head or Chair/Title (printed)

Cardholder TU I.D. Number

Department Head or Chair Signature/Date

Department

_____ Dean/Date
_____ Divisional Budget Officer/Date
Academic Cardholder's Only

_____ TU Fiscal Officer Signature/Date
_____ TU PCPA Signature/Date
Do not complete shaded area.

Please complete both pages and send to Procurement, 4th Floor, 7720 York Road.