

**PURCHASING CARDHOLDER AGREEMENT/APPLICATION  
PURDUE UNIVERSITY CARD PROGRAM**

Name on Card \_\_\_\_\_ (printed: limit 21Characters)

School & Department Name \_\_\_\_\_

Official University Building Mailing Address: \_\_\_\_\_

The Purdue University Purchasing Card is intended to be used for low value, non-capital purchases. All purchases with this card must comply with the guidelines in the Purdue University Purchasing Card Manual and with extramural funding agency restrictions.

The following items **ARE NOT** to be purchased using this card:

- Capital equipment
- Controlled substances/items
- Personal or non-business purchases
- Tax reportable services (1099's)
- Cash advances (exceptions only)
- Cylinder gases
- Memberships
- Travel(excluding airfare and registration),
- Entertainment or Hospitality Expenses (Hospitality cards only)

If the card is lost or stolen, the cardholder/responsible person will need to notify the Bank, their Business Office and E-Commerce and Credit Card Operations immediately. Failure to adhere to procedures may result in revocation of cardholder privileges.

*As holder of this Purchasing Card, I agree to accept responsibility for the protection and proper use of this Purchasing Card as detailed above, and in the cardholder manual (Employee Named cards must sign Liability Agreement)*

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Cardholder/Responsible Individual)

Print Name of Cardholder or Responsible Individual \_\_\_\_\_

Date of Birth \*: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_

Phone#: \_\_\_\_\_ Email Address: \_\_\_\_\_

PUID # ( Last 4 digits)\*: \_\_\_\_\_ (\*May be used by the Bank for over-the-phone identification only.)

**Intended card use:** \_\_\_\_\_ Misc. Purchasing, including Airfare, Registration \_\_\_\_\_ Certified Travel Arranger  
(Check One)

\_\_\_\_\_ Hospitality \_\_\_\_\_ Conferences \_\_\_\_\_ HFS \_\_\_\_\_ Other – **Please attach written explanation**

**Cycle Limit:** \$ \_\_\_\_\_ **Single (transaction) Limit:** \$ \_\_\_\_\_

**Reconciler Name:** \_\_\_\_\_ **Reconciler ID (Career Account):** \_\_\_\_\_  
New: Yes / No (circle one)

**Reconciler E-mail Address:** \_\_\_\_\_

Signature \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date \_\_\_\_\_  
Business Manager, Recommending

As dean, director or department head, I approve the issuance of a Purchasing Card to this staff member and assume all responsibility for the card.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Department Head's signature, Approving

Signature as approved: \_\_\_\_\_

**IF ADDITIONAL INFORMATION IS NEEDED: Primary Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

(DEAN, APPROVING FOR NON-BUSINESS OFFICE STAFF)

Return via campus mail to: ECCO / FREH

**THIS SIDE COMPLETED BY ECCO STAFF**

**PURCHASING CARDHOLDER AGREEMENT/APPLICATION  
PURDUE UNIVERSITY CARD PROGRAM**

Approval block for Comptroller's Office: (approving card info on side one)

Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\*  
\*\*\*\*\*

*(To be completed when card is picked up)*

I hereby acknowledge  
receipt of Purchasing Card \_\_\_\_\_ Exp.date \_\_\_\_\_

Signature of Cardholder \_\_\_\_\_ Date \_\_\_\_\_

**Cardholder: Sign the back of your card now.**

Card released:

ECCO Staff signature \_\_\_\_\_ Date: \_\_\_\_\_

Activation:

You will need to call the 800-316-6056 (as shown on the card) and answer one or two questions before you make your first charge...this call activates your card.

Card Return:

I hereby acknowledge return of Purchasing Card # \_\_\_\_\_ Exp.date \_\_\_\_\_

ECCO Staff signature \_\_\_\_\_ Date: \_\_\_\_\_

## Responsibility and Financial Liability Agreement – PU Purchasing Card

You are authorized to commit funds on behalf of the University and your business unit through the use of a University Purchasing Card issued in your name. Accordingly, you are the only person that may use your purchasing card. All expenses must be made by you on behalf of and for the benefit of the University department, school, office or other University entity in which you are employed.

Compliance with University purchasing policies and procedures, including providing documentation in order to perform the reconciliation process of the University purchasing card is mandatory. All receipts, statements and other documentation related to card usage are University property and the University reserves the right to audit all records related to card usage. Single transaction and cycle limits may not exceed the authorized amount for the card. The card must be kept secure at all times by the cardholder and if lost or stolen immediately reported to JP Morgan Chase for cancellation as outlined in the Purchasing Card Manual. A training session on use of the purchasing card must be successfully attended before any use of the card is allowed.

Cardholders may not make personal purchases with the Purchasing Card and cardholder privileges may be revoked for such use. The Cardholder agrees to reimburse the University for any inappropriate charges, including expenses and charges incurred by the University in connection with such transactions. Fraudulent or intentional misuse of the card by the cardholder will result in revocation of the card, restitution and/or criminal charges. The University reserves the right to pursue all legal remedies available to it with respect to inappropriate card usage. The University further reserves the right to revoke cardholder privileges at any time and without notice. Circumstances that may automatically trigger cancellation of the card include, but are not limited to: termination of employment; change in position; failure to report a lost or stolen card.

I, the undersigned, as holder of this purchasing card, agree to accept the responsibility for the protection and proper use of the card, as noted above. I understand the items prohibited from purchase with this card and that I will be held personally responsible for unallowable purchases. I agree to abide by these as well as all other terms and conditions contained therein.

\_\_\_\_\_  
Printed Name of Cardholder

\_\_\_\_\_  
Department

\_\_\_\_\_  
Signature of Cardholder

\_\_\_\_\_  
Date

Please return signed letter to Credit Card Operations Manager/ACCT/FREH. Thank you.