



**OFFICE OF PROCUREMENT
9221 Corporate Boulevard
Rockville, MD 20850**

Cardholder and Approving Official Agreement

I certify, as a ☐ *cardholder* or ☐ *approving* official of Montgomery College, that I have successfully completed all required purchasing card training for my level of authority, and that I have read, understand, and will abide by the policies and procedures that govern the use of the purchase card as described in the Montgomery College Purchasing Card User's Guide.

Terms and Conditions for Cardholders:

I further certify that I:

- will only use the card for official purchases, within the dollar limitations designated for my card, and only when sufficient funds are available
- will only purchase authorized products or services, and will seek guidance from the Purchasing Card Administrator/Office of Procurement before making a purchase in any case where doubt exists as to the legitimacy of a purchase
- When using Federal funds to avoid firms or individuals who have been debarred by the Federal Government
- will protect and safeguard the Purchasing Card from unauthorized use, and will immediately report the loss or theft of the card/checks in accordance with Montgomery College and M&T Bank procedures
- will retain all transaction records and receipts for five years
- will surrender the card upon termination of employment or at any time upon the request of the Plan Administrator
- will comply with all audit requests in a timely manner
- understand that willful misuse of the card may result in immediate cancellation of the card and disciplinary action against me

Terms and Conditions for Approving Officials:

I further certify that I:

- will examine all cardholder documentation related to card transactions to ensure that purchases are based on a bona fide need
- will resolve any questionable purchases with the cardholder
- will ensure that the cardholder's purchase transactions are properly reconciled with the servicing bank's statement
- will immediately notify the Purchasing Card Administrator of any suspected cases of misuse or fraud

Department _____

Signature _____

Printed Name _____

Date _____