

**PURCHASING CARD  
APPLICATION**



Personal Information			
		Date of Birth:	
Last Name(Embossed on Card)	First Name(Embossed on Card)	MM/DD/YYYY	
Phone: (240)567-	Email:	@montgomerycollege.edu	
MC ID#: <b>(REQUIRED)</b>	0 <small>*Use this number to replace the SSN for all contact with M&amp;T Bank</small>		
<small>(Letter "M" Replaced with numerical value,"0")</small>			
Employment Status			
Employment Status:	Permanent Full-Time	Permanent Part-Time	
Department:			
Job Title:			
Office Location			
Address:			
Building and Room:	City:	Zip:	
Budget Account Information and Authorization			
<small>PLEASE NOTE: The person designated as the Approver must be the account manager for the MC budget account that will be used for P-Card transactions. A cardholder may not approve their own transactions. In addition, the designated Approver may not approve transactions for a supervisor.</small>			
FUND	ORG	ACCT	PROG
Monthly Credit Limit:\$5,000		Single Transaction Limit:\$4,999	
<b>APPROVER RESPONSIBILITY INCLUDES BUT IS NOT LIMITED TO:</b>			
<ul style="list-style-type: none"> <li>• Pre-authorization of all expenditures, ensuring that they do not exceed budget limits</li> <li>• Reviewing all transactions for appropriateness and allocation accuracy</li> <li>• Electronic expense report approval in Centresuite by the 10th day of every month</li> <li>• Adhering to Purchasing Card Policies and Procedures</li> </ul>			
Name of Primary Approver		Signature of Primary Approver	
Job Title:			
<b>BackUp Approver(Please assign a Backup Approver in case of Primary Approver's absence)</b>			
Name of Backup Approver		Signature of Backup Approver	
Job Title:			
Supervisor Information and Authorization			
<b>SUPERVISOR RESPONSIBILITY INCLUDES BUT IS NOT LIMITED TO:</b>			
<ul style="list-style-type: none"> <li>• Reviewing all transactions to ensure that they are appropriate and within guidelines</li> </ul>			

- Monthly review of all required P-card documents ,verifying adequate record maintenance
- Adhering to and enforcing Purchasing Card Policies and Procedures
- Informing Procurement of any account changes and improper card use

**JUSTIFICATION /PRIMARY PURCHASES THAT WILL BE MADE WITH PURCHASING CARD**

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Name of Supervisor	Signature of Supervisor

Job Title:

**Cardholder Acknowledgement**

**CARDHOLDER RESPONSIBILITY INCLUDES BUT IS NOT LIMITED TO:**

- Adhering to Purchasing Card Polices and Procedures
- Retaining all receipts of purchases and supporting documentation for a period of 5 years
- Obtaining approval **prior** to making purchases for College-related business
- Maintaining card security,resolving disputes with suppliers, reporting fradulent card activity
- Completing monthly expense reports in Centresuite by the 10th of each month

Employee Signature	Date

Plan Administrator - Procurement Office	Date

**(Procurement Office Use)**

(Procurement Office Use)	Done(Initials)	Date
Submit Information to M&T Bank		
Account Setup In CentreSuite		
Approver Account Setup in CentreSuite		
Purchasing Card received by Procurement		
Cardholder File created		
Training completed by Cardholder		
Training completed by Approver(s)		

Card Received by Cardholder-Signature

User ID and Password sent to Cardholder		
User ID and Password sent to Approver(s)		
Cardholder added to Distribution List		
Approver(s) added to Distribution List		

AIRLINES \_\_\_\_,CAR RNTL\_\_\_\_,COMPUTER\_\_\_\_,CNTRCTED SV\_\_\_\_,FLORIST\_\_\_\_,FOOD REST\_\_\_\_,  
HIGH RISK\_\_\_\_,HOTELS TRVL\_\_\_\_,ALL\_\_\_\_ CRDT LMT\_\_\_\_\_

ADDITIONAL NOTES: