



# 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

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.

FUND	ORG	ACCT	PROG

Monthly Credit Limit:\$5,000      Single Transaction Limit:\$2,500

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

- Pre-authorization of all expenditures, ensuring that they do not exceed budget limits
- Reviewing all transactions for appropriateness and allocation accuracy
- Electronic expense report approval in Centresuite by the 10th day of every month
- Adhering to Purchasing Card Policies and Procedures

Name of Primary Approver	Signature of Primary Approver

Email Address:

<b>BackUp Approver(Please assign a Backup Approver in case of Primary Approver's absence)</b>	
Name of Backup Approver	Signature of Backup Approver

Email Address:

## Supervisor Information and Authorization

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

- Reviewing all transactions to ensure that they are appropriate and within guidelines

- 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

Email Address:

**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 3 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**

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\_\_\_\_,CNRCTED SV\_\_\_\_,FLORIST\_\_\_\_,FOOD REST\_\_\_\_,  
HIGH RISK\_\_\_\_,HOTELS TRVL\_\_\_\_,ALL\_\_\_\_ CRDT LMT\_\_\_\_\_

ADDITIONAL NOTES: