

**Confidential
Purchasing Card Application**

Applicant Information

First Name

Middle Initial

Last Name

Campus Phone

Campus Email Address

_____/_____/_____
Date of Birth

_____/_____/_____
Social Security Number (last 4 digits only)

Is this:

A New Position

Replacing a Position

Job Title

Card Information

Department Name

Default GL Account Number

Monthly Credit Limit

Single Transaction Limit

Card Supervisor/Account Group Manager Name (Printed)

Card Supervisor/Account Group Manager Signature

Employee/Supervisor Approvals

Applicant Signature

Business Services Manager

Applicant Name (Printed)

Business Services Manager (Printed)

Date

Date

Please submit completed application and agreement forms to the Purchasing Office, Mail Code: PG.

For Office Use Only:

MCC Group (s) Assigned

Program Administrator Approval

Purchasing Card Employee Agreement

I, _____ (*employee name*), hereby request a purchasing card. As a card holder, I agree to comply with the following terms and conditions regarding my use of my card:

- I understand that I am being entrusted with a valuable tool, a privilege and not a right of employment, and will be making financial commitments on behalf of Hampshire College, and I will strive to obtain the best value for the College.
- I understand that the College is liable to the credit card company for all charges made to the purchasing card.
- I agree to use this card for approved purchases only.
- I understand that the purchasing card is not for personal use.
- I understand that the Purchasing Office will audit the use of this purchasing card to ensure the College's purchasing and travel policies are being followed.
- I will follow the established procedures for use of the card, including those procedures regarding the retaining of receipts, the on-line review of my transactions, and statement reconciliation. I understand that failure to do so may result in revocation of my purchasing card privileges or other disciplinary actions.
- I have reviewed the purchasing card procedures and understand the requirements for use of the card.
- I agree to return the card immediately upon request or upon termination of employment (including retirement).
- Should there be any organizational change which causes my department to change, I agree to return my card upon request.
- If the card is lost or stolen, I agree to notify the credit card company and the purchasing card administrator immediately.

Employee Signature

Business Services Manager Signature

Employee Name (please print)

Business Services Manager Name (please print)

Date

Date