

**TO BE COMPLETED BY APPLICANT / CARDHOLDER**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
Department: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Building: \_\_\_\_\_ Last Four Digits of SSN: \_\_\_\_\_  
Room Number: \_\_\_\_\_ First Four Letters of Mother's Maiden Name: \_\_\_\_\_  
Campus Phone Number: \_\_\_\_\_ Campus Email: \_\_\_\_\_  
Cell Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**REASON FOR PRO CARD REQUEST (check all that apply)**

- My position with Hampshire College requires extensive travel
- I entertain, fundraise and/or meet with Hampshire College alumni or potential students extensively
- I am responsible for purchasing items for other employees/departments in my area such as office/lab supplies
- I am responsible for purchasing food for **OFF** campus meetings/events
- I am responsible for purchasing food for **ON** campus meetings/events
- I am responsible for large events and or gatherings related to Hampshire College
- Other reasons not mentioned: \_\_\_\_\_

**TO BE COMPLETED BY DEPARTMENTAL HEAD**

**Spending Limit:** Limit per Month: \$ \_\_\_\_\_ Single Purchase Limit \$ \_\_\_\_\_  
**Number of Purchases Allowed:** per Month: \_\_\_\_\_ per Day: \_\_\_\_\_  
**Default GL:** FUND: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_ OBJECT: \_\_\_\_\_

**APPROVAL NEEDED**

**Print**

**Signature**

Card Holder: _____	Card Holder: _____
Card Supervisor: _____	Card Supervisor: _____
Department Head: _____	Department Head: _____
Direct of Budgets: _____	Director of Budgets: _____
Business Service Manager: _____	Business Service Manager: _____

## 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*