

Confidential

Purchasing Card Application

First Name

Middle Initial

Last Name

Business Address: Hampshire College, 893 West Street, Amherst, MA 01002

Campus Phone

Campus Email Address

_____/_____/_____
Date of Birth

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

Mother's Maiden Name (first 4 letters)

Country of Citizenship

Company Information

Department Name

*Default GL Account Number**

Monthly Credit Limit

Single Transaction Limit

** The credit card company will automatically assign the GL account number provided here to the transactions made on this card. This number will be reviewed by the card holder each week. Changes to this number must be made within two weeks.*

Employee/Supervisor Approvals

Applicant Signature

Supervisor Signature

Applicant Name (Printed)

Supervisor Name (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 purchasing card, 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 and the on-line review of my transactions. 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 and arrange for a new one upon approval.
- If the card is lost or stolen, I agree to notify the credit card company and the purchasing card administrator immediately.

Employee Signature

Employee Name (please print)

Date