

PURCHASING CARD PROGRAM

GRANT APPLICATION - CARDHOLDER INFORMATION FORM

Grant Name: _____

Department Name: _____ Date: _____

Department Address: _____

Cardholder Name: _____

Title: _____ CWID: _____

Office Phone Number: _____ Office E-Mail Address: _____

Grant Name and Account Number: _____

Please supply the required secondary Workday Cost Center Account Number in Part 2 of this application. No application will be approved without this account included.

As the cardholder, are you the Principal Investigator for your account? Yes ___ No ___

If yes, will you be reviewing your own P-card purchases? Yes ___ No ___

Cardholder Signature: _____

(Date)

If the cardholder is Not the Principal Investigator, who will act as the P-Card Approver for these purchases? Please provide this information below:

By signing below P-Card approver acknowledges understanding of P-Card Program Policies and Procedures including all responsibilities of the approver role.

P-Card Approver's Name (Print): _____

P-Card Approver's Title (Print): _____

P-Card Approver's Signature: _____

(Date)

Cardholder Receipt of Card: _____

(Date)

Purchasing Card Administrator Signature: _____

Application – Part 2

Please provide the following information:

- 1) By signing below, you, as the Cost Center Manager of the named Workday Cost Center Account, understand that this account will serve as a secondary account to the cardholder's grant and will only be charged by Grant Accounting should the cardholder charge any items that are unallowable to the grant for any reason or if purchases exceed the grant's budget.

<u>Workday Cost Center Account Number</u>	<u>Account Description</u>	<u>Cardholder's First Name</u>	<u>Cardholder's Last Name</u>

Cost Center Manager's Name (print): _____

Cost Center Manager's Signature: _____

(Date)

Grant Accounting Signature to proceed:

Name Print: _____

Name Signature: _____

(Date)

Training Requirement

Training is required for the Cardholder and the Approver before a P-Card can be released.

Cardholder P-Card Training Date: _____

Approver P-Card Training Date: _____

Montclair State University

GRANT FUNDS PURCHASING CARDHOLDER AGREEMENT

This Purchasing Card is intended for small dollar purchases for 5-ledger accounts that would normally be handled by Purchase Orders for the purpose of payment for goods and services, and is **FOR OFFICIAL USE ONLY**. All purchases with this card must comply with BOTH the guidelines set forth in the Montclair State University **Purchasing Policies and Procedures** and applicable State of New Jersey and University financial and audit policies and controls and the guidelines defining allowable purchases for the restricted funds.

If the card is lost or stolen, the cardholder has the responsibility to notify Bank of America and the **Purchasing Card Administrator**, Elizabeth Blades at bladese@mail.montclair.edu.

Violation of any of the above procedures may result in revocation of individual cardholder privileges, revocation of all departmental procurement cards and/or personal liability.

I agree to comply with the terms and conditions of this Agreement and the applicable provisions of the **Purchasing Card Manual**. I acknowledge receipt of the Cardholder Procedures Manual and the list of restricted items and confirm that I have read and understand and will comply with all terms and conditions.

I agree to use this card for Montclair State University approved purchases only and agree not to charge personal purchases. I understand that the University will audit the use of this card report any discrepancies to the appropriate University official.

I agree to return the Purchasing Card to the Purchasing Card Administrator at the close of the 5-ledger account.

Should I terminate employment with the University or transfer to another department, I will return the card to the **Purchasing Card Administrator** for cancellation.

I further understand that improper use of this card may result in disciplinary action. I understand that Montclair State University may terminate my right to use this card at any time for any reason. I agree to return the Card to the University immediately upon request. Should I fail to use this purchasing card properly, I authorize Montclair State University to deduct from my salary or from other amounts payable to me, an amount equal to the total of the improper purchases, together with interest, cost, expenses and attorney's fees. I also agree to allow the University to collect any amounts owed by me even if I am no longer affiliated with the University.

Signature: _____ Date: _____

Print Name: _____

As Cost Center Manager/Principal Investigator or Designee, I approve the issuance of a Purchasing Card to this University employee. I agree to uphold and enforce all applicable policies for the University and applicable laws of the State of Jersey, and all applicable federal policies and procedures and to assure that the card is returned to the **Purchasing Card Administrator** immediately upon this employee's termination under my cost center or at the close of said grant account.

Signature: _____ Date: _____

Print Name: _____

Grant Funds Name: _____