STATE OF MARYLAND  
CORPORATE PURCHASING CARD PROGRAM  
CARDHOLDER AGREEMENT  

I, ________________________________, an employee of the University of Maryland, Baltimore, hereby request a Corporate Purchasing Card. As a cardholder, I agree to comply with the following terms and conditions related to the use of the card:

1. I understand that I am being delegated the authority to purchase supplies and services on behalf of the University of Maryland, Baltimore, using the State of Maryland Corporate Purchasing Card, provided that the amount of any single purchase does not exceed $4,999.00, that no employee travel costs and/or capital outlay costs are authorized, and that cash advances are strictly prohibited.

2. I agree that this card will be used for approved purchases only and, further, that I will not charge any personal purchases to this card. All purchases must be made in accordance with applicable laws and regulations, including but not limited to, the Code of Maryland Regulations (COMAR), USM Procurement Policies and Procedures, the State of Maryland Corporate Purchasing Card Policy and Procedures, and the University Purchasing Card User’s Guide. I understand my failure to follow established procedures may result in disciplinary actions against me, including loss of leave time, suspension and/or termination of employment, fine, and/or criminal prosecution.

3. I agree to return the card immediately upon suspension and/or termination (including retirement) or upon reassignment to another school, department or cost center. Also, I agree to return the card immediately upon request of my supervisor and that disciplinary actions referred to in paragraph 2 would apply for failure to do so.

4. If the card is lost, stolen or compromised, I agree to immediately notify US Bank and the Purchasing Card Program Administrator.

STATEMENT OF COMPLIANCE

I certify that I shall purchase supplies or services in accordance with applicable COMAR, State of Maryland and University Corporate Purchasing Card policy and procedures. I certify that, to the best of my knowledge and belief, all of my statements are true, correct, complete, and made in good faith, and subject to State of Maryland Code of Maryland Regulations, USM Procurement Policies and Procedures, and all other applicable laws and regulations.

I further acknowledge and certify that I shall be personally responsible for any unauthorized Corporate Procurement purchase made by me. I hereby authorize the State to deduct from my payroll check and from any other payments to me the amount of such unauthorized purchases made by me on the Corporate Purchasing Card issued to me.

Approved By:

Cardholder Signature/Date

Department Head Name/Title (print or type)

Cardholder EmpID

Department Head Signature/Date

School/Department

Space Below for Program Administration Use Only

Purchasing Card Program Administrator

Signature/Date

Agency Fiscal Officer

Signature/Date
Section 1: Cardholder Information:

Cardholder Name: ________________________________________________________________
Cardholder Title: ________________________________________________________________
School/Major Unit: ________________________________________________________________
Department Name: ________________________________________________________________
Campus Address: ________________________________________________________________
City/State/Zip: ________________________________________________________________
Telephone Number: ____________________________________________________________
Email Address: ________________________________________________________________
Default Chart String: __________________________________________________________

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<thead>
<tr>
<th>Project</th>
<th>Owner Dept</th>
<th>Program</th>
<th>PCBU</th>
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<tr>
<td>Fund</td>
<td>Account</td>
<td>Trans</td>
<td>Dept</td>
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Re-Allocation Authorized (circle one): Y or N

View only Access (circle one): Y or N

Section 2: Authorized Reviewer Information: Person authorized to approve transaction log and statement. (Required)

Authorized Reviewer: I certify that I will review the purchasing card transactions monthly to ensure that there are receipts for all transactions, the Visa Statement has been reconciled, all transactions have been accurately recorded to the transaction log, and they are allowable, appropriate and authorized charges. I also understand that I will perform the duties of authorized reviewer detailed in the UMB Purchasing Card User’s Guide, available on Procurement Services website at www.procurement.umaryland.edu.

Authorized Reviewer Name: __________________________________________________________
(Must be cardholder’s immediate supervisor or business manager)

Authorized Reviewer Signature: ____________________________________________________

Title: ________________________________________________________________

EmpID: ________________________________________________________________

Dept. Name: ________________________________________________________________

Email: ________________________________________________________________

Telephone: ________________________________________________________________

Re-allocation (must attend class if “yes”): Y or N

View Only Access (must attend class if “yes”): Y or N
Section 3: Verification Reviewer Information. (Required)

Verification Reviewer: I certify that I will review the purchasing card transaction log monthly to ensure that they have been signed by the cardholder and authorized reviewer.

Verification Reviewer Name: __________________________________________________________
(Must not be subordinate to cardholder or authorized reviewer)

Verification Reviewer Signature: ______________________________________________________

Title: ___________________________________________________________

EmpID: ____________________________________________________________

Dept. Name: _________________________________________________________

Email: _____________________________________________________________

Telephone: _________________________________________________________

Re-allocation (must attend class if “yes”): Y or N

View Only Access (must attend class if “yes”): Y or N

Section 4: Reallocator and View Only Access (Must attend class for either of these accesses)

1. Circle One Reallocator or View Only

   Name: _____________________________________________________________

   EmpID: ____________________________________________________________

   Email: _____________________________________________________________

   Attended class: Y or N

2. Circle One Reallocator or View Only

   Name: _____________________________________________________________

   EmpID: ____________________________________________________________

   Email: _____________________________________________________________

   Attended class: Y or N

3. Circle One Reallocator or View Only

   Name: _____________________________________________________________

   EmpID: ____________________________________________________________

   Email: _____________________________________________________________

   Attended class: Y or N
4. Circle One  Reallocator  or  View Only

Name: ____________________________________________

EmpID: ____________________________________________

Email: ____________________________________________

Attended class: Y or N

**Section 5: Card Authorization & Controls:**

**Monthly Credit Limit:**  $15,000 or $______________  (may be more or less)

**Single Purchase Limit:**  $4,999 or $______  (may be less)

**Restrictions:** No Cash Advances, No Travel/Entertainment

School (Dean’s Office)/Major Unit Approval: _______________  Date: _______________

When completed, please send to PCPA – UMB Procurement Services