

**STATE OF MARYLAND
CORPORATE PURCHASING CARD PROGRAM
CARDHOLDER AGREEMENT**

I, _____ (legal name), 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 the amount of any single purchase does not exceed \$4,999.00, that no capital outlay costs are authorized, and 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**

**UNIVERSITY OF MARYLAND, BALTIMORE
PURCHASING CARDHOLDER AGREEMENT (cont.)**

Please print or type – All line items must be completed to avoid delay in processing.

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: _____

Project Owner Dept Program PCBU

Fund Account Trans Dept

Re-Allocation Authorized (choose one): Y or N

View only Access (choose one): Y or N

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

1. I certify that the cardholder listed on this form is under my supervision or I am the business manager.
2. If the card is lost or stolen, or if the cardholder leaves employment within the Department/Unit for any reason (including retirement) I agree to immediately (within 48 Hours) notify the Purchasing Card Program Administrator.
3. I agree to review the cardholders' credit card statement each month and to verify that the charges made are appropriate charges for the unit, that the charges are for the benefit of the State of Maryland and are not personal purchases. I will also verify that all purchases have been made in accordance with applicable laws and regulations, including, but not limited to, University System of Maryland Procurement Policies and Procedures, the State of Maryland *Corporate Purchasing Card Program Policy and Procedures*, and UMB Corporate Purchasing Card Program User's Guide available at www.umaryland/procurement.edu. **I understand that my failure to follow established procedures may result in disciplinary actions against me, including reimbursement of unauthorized purchases, loss of leave time, suspension and/or termination of employment, fine, and/or criminal prosecution.**

Authorized Reviewer Name: _____

(Must be cardholder's immediate supervisor or business manager)

Authorized Reviewer Signature: _____

Title: _____

EmpID: _____

Dept. Name: _____

Email: _____

UNIVERSITY OF MARYLAND, BALTIMORE
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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. Choose One Reallocator or View Only

Name: _____

EmpID: _____

Email: _____

Attended class: Y or N

2. Choose One Reallocator or View Only

Name: _____

EmpID: _____

Email: _____

Attended class: Y or N

**UNIVERSITY OF MARYLAND, BALTIMORE
PURCHASING CARDHOLDER AGREEMENT (cont.)**

Please print or type – All line items must be completed to avoid delay in processing.

3. Choose One Reallocator or View Only

Name: _____

EmpID: _____

Email: _____

Attended class: Y or N

4. Choose 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 Strategic Sourcing & Acquisition Services