

CARDHOLDER NAME:
CARDHOLDER TU ID:

PHONE:
EMAIL:

DEPT. NAME:
DEPT. ADDRESS:

DEPT. NO.:
CITY:

EXPENSE ACCOUNT:
STATE: ZIP:

REQUESTED SINGLE TRANSACTION LIMIT: \$1,000 \$2,500 \$5,000
 REQUESTED MONTHLY SPEND LIMIT: \$1,000 \$2,500 \$5,000 Other:

REVIEWER NAME:

PHONE:

EMAIL:

I, _____, hereby request a Corporate Purchasing Card. As a Cardholder, I agree to comply with the following terms and conditions related to use of the card:

1. I understand that I am being delegated the authority to purchase supplies and services on behalf of Towson University, using the State of Maryland Corporate Purchasing Card.
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, Code of Maryland Regulations (COMAR) or USM Policies and Procedures, and the State of Maryland Corporate Purchasing Card Program Policy and Procedures Manual.
3. I agree to return the card immediately upon suspension and/or termination (including retirement) or upon reassignment to another Towson University Department or Cost Center. Also, I agree to return the card immediately upon request of my supervisor and that disciplinary actions referred to below would also apply for failure to do so.
4. If the card is lost or stolen, I agree to immediately notify US Bank and the Purchasing Card Program Administrator (PCPA).
5. I certify that I shall purchase supplies or services in accordance with applicable COMAR or USM Policies and Procedures, State laws, State of Maryland Corporate Procurement Card Policy and Procedures, and Towson University Corporate Procurement Card Policies 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 applicable COMAR or USM Policies and Procedures, State laws, State of Maryland Corporate Purchasing Card Program Policy and Procedures Manual, and Towson University Corporate Procurement Card Policies and Procedures.
6. 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.
7. I further acknowledge and certify that I shall be personally responsible for any unauthorized Corporate Purchasing Card purchase. 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 on the Corporate Purchasing Card issued to me.

_____	_____	_____
CARDHOLDER SIGNATURE	PRINT	DATE

_____	_____	_____
REVIEWER SIGNATURE	PRINT	DATE

_____	_____	_____
DEPARTMENT HEAD OR CHAIR SIGNATURE	PRINT	DATE

Academic Cardholders Only		
_____	_____	_____
DEAN SIGNATURE	PRINT	DATE
_____	_____	_____
DIVISIONAL BUDGET OFFICER SIGNATURE	PRINT	DATE

Do Not Complete This Area		
_____	_____	_____
TU FISCAL OFFICER SIGNATURE	PRINT	DATE
_____	_____	_____
TU PCPA SIGNATURE	PRINT	DATE