

**Xavier University
Purchasing Card Program
Cardholder Agreement & Cardholder Application**

Route Cardholder Agreement along with Cardholder Application form to your VP, Provost, AVP, Assoc. Provost, or Dean for approval.

I, Legal Name , hereby request a Xavier University Purchasing Card. I agree to comply with the terms and conditions herein, Xavier University Finance policies, and card procedures described in the *Xavier University Purchasing Card Policy and Procedure*.

1. The card is issued in my name. I will not allow any other person to use the card. I am considered responsible for any and all charges against the card.
2. I understand the card is for University-approved purchases only. I agree not to make personal purchases with the card.
3. Improper use of this card may be considered misappropriation of funds and may result in disciplinary action up to and including termination of employment. I will reimburse the University for any charge for which I am personally liable within thirty (30) days of the transaction.
4. If the card is lost or stolen, I will immediately notify by telephone U.S. Bank (800) 344-5696, and the University's Purchasing Card Program Administrator (513-745-1978 or 513-745-2069).
5. I agree to surrender the card immediately upon termination of employment.
6. All charges will be billed directly to and paid directly by Xavier University. The bank cannot accept any monies from me directly.
7. As the card is University property, I understand that I am required to comply with internal control procedures designed to protect University assets. This may include being asked to produce the card to validate its existence and the account number, and providing receipts and statements to substantiate its use and compliance with University policies.
8. I am responsible to review my account statement in Access Online at the close of the monthly billing cycle. I will reconcile all transactions during the billing cycle. Since I am responsible for all charges (but not for payment) on the card, I will resolve any discrepancies by contacting the supplier or the bank.
9. The charges made against my card are automatically assigned to my Banner default account number. It is my responsibility to provide original receipts and reconcile my charges in Access Online within 10 (ten) days of the monthly statement closing date.
10. I understand the Purchasing Card is not provided to all employees. Assignment is based on my need to make purchases for University business purposes. My card may be suspended or modified based on change of assignment or location. I understand that the card is not an entitlement nor does it reflect title or position.

Cardholder - Signature

VP/Provost/AVP/Assoc Provost/Dean - Signature

Printed Name (Legal Name)

Date

Printed Name

Date

**Xavier University
Purchasing Card Program
Cardholder Application**

New Card: ___ Update Final Approver: ___ Update Reconciler: ___ Update Other (Specify): _____

Please Print or Type All Information

Cardholder Information

Cardholder Name: _____ Position: _____

Banner Default #: | | | | | | or | | | | | | - | | | | | | - | | | | | |
Fund (6) Organization (5) Account (6) Program (4)

Business Address: _____ Department: _____

City and State: _____ Zip Code + 4: _____

Telephone Number: _____ Email: _____

Describe Business Purpose for Card and anticipated monthly spend: (1) Spend/Mo: \$ _____

(2) Purpose: _____

Final Approver Information

The Final Approver is the MANAGER to which the cardholder reports and is responsible for approving the cardholder's expenses. A Cardholder may not final approve his/her own expenses.

Final Approver: I certify that I will review the cardholder's transactions monthly to ensure that receipts for all transactions are filed; all online transaction reconciliations are completed; all transactions have been accurately recorded, and charges are appropriate and authorized. I understand and will perform the duties of Final Approver as detailed in the Xavier University Purchasing Card Policy and Procedure.

Final Approver Information:

Reconciler Information: (If Applicable)

Name: _____

Name: _____

Title: _____

Title: _____

Phone Number: _____

Phone Number: _____

E-mail: _____

E-mail: _____

Approver's Signature: _____

Reconciler's Signature: _____

Purchasing Card Program Administrator

(Program Administration Use Only)

Single Transaction Limit: \$ _____ Total Credit Limit: \$ _____ DB-Y/N CA _____ %

MCC Profile: _____ Division - Department: | | | | | | - | | | | | |

Purchasing Card Program Administrator / Date: _____ / _____

AXOL Account Administrator / Date: _____ / _____