

**MONTCLAIR STATE UNIVERSITY**  
**PURCHASING CARD PROGRAM**  
**NEW APPLICATION - CARDHOLDER INFORMATION FORM**

Division Name: \_\_\_\_\_ (Do Not Use Abbreviations)

Department Name: \_\_\_\_\_ Date: \_\_\_\_\_

Department Address: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_ Card  
Activation Number: XXXXX \_\_\_\_\_  
(4 digits)

Title: \_\_\_\_\_

Business Phone Number: ( ) \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**Cardholder Purchasing Limit:**

Dollar Limit per Transaction: \$500.00 Credit Limit per Month: \$5,000.00

Card Default Account: \_\_\_\_\_ (10 digit FRS Account Number & Object Code)

Add Additional Account Numbers on page 2 of this application.

As the cardholder, are you the fiscal agent for your department/division? Yes \_\_\_ No \_\_\_  
If you are the fiscal agent, will you be reviewing your own p-card purchases?  
Yes \_\_\_ No \_\_\_

Cardholder Signature: \_\_\_\_\_  
(Date)

**If the cardholder is not the fiscal agent, who is responsible for reviewing his/her purchases?  
Please provide this information below:**

Supervisor's Name (Print): \_\_\_\_\_

Supervisor's E Mail: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_  
(Date)

As the supervisor, are you responsible for reviewing the p-card purchases of this employee?  
Yes \_\_\_ No \_\_\_

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Cardholder Received Card: \_\_\_\_\_  
(Date)

Purchasing Card Administrator Signature: \_\_\_\_\_  
(Date)

# Montclair State University

## PURCHASING CARDHOLDER AGREEMENT

The Purchasing Card is intended for small dollar purchases 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 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.

If the card is lost or stolen, the cardholder has the responsibility to notify PNC Bank and the **Purchasing Card Administrator**, Christine Palma at [palmac@mail.montclair.edu](mailto:palmac@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.

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 Department Head 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 in my department.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Department Name: \_\_\_\_\_

