Clarion University Purchasing Card Enrollment Form

(Revised 2/2017)

I hereby request a Clarion University Purchasing Card (P-card). As a cardholder, I agree to comply with the following terms and conditions regarding the use of the Clarion University of Pennsylvania (University) P-card.

I understand that I am being entrusted with a payment tool that authorizes me to make financial commitments on behalf of the University as provided for in the University P-Card and Purchasing policies; and I agree to use the P-card for University authorized purchases only according to all University policies, rules and requirements. Failure to do so may result in either revocation of my use of the P-card or other disciplinary actions, including discipline in accordance with the Employee Handbook, Collective Bargaining Agreements, and all applicable laws, regulations and policies.

I understand the University is liable to the P-card provider for all charges made on the P-card. I agree to use the P-card for University authorized purchases only and agree not to charge personal purchases with the P-card. I also understand that I will be required to reimburse the University for any unauthorized purchases.

I agree to complete and submit my P-card log along with all other required documentation to support all P-card purchases including receipts, Travel Approval, and Food Request forms to Accounts Payable no later than the 15th of the following month. I understand if I fail to do so my P-card privileges may be suspended.

I agree to return the P-card immediately upon request or termination of employment (including retirement). Should there be any organizational change, which causes my cost center to change, I also agree to notify the P-card Program Administrator of such changes.

If my P-card is lost or stolen, I agree to notify the P-card Administrator and the P-card provider immediately.

_____ _____ _____

Employee Printed Name Employee ID # Date

_____ _____

Employee Signature Supervisor's Signature

Cardholder Information:

Department_____ Cost Center_____

Email Address_____ Business Phone_____

Home Street Address_____ City_____ State ____ Zip_____

Home Phone _____ SSN# (last 4 digits only) _____ Date of Birth_____