

DREW UNIVERSITY
PURCHASING CARD APPLICATION

(Complete top section of this form and forward to Purchasing Department)

Cardholder Name _____

Title _____ Telephone _____

Department _____

Email Address _____ Employee/Student ID No. _____

Default Account Number _____

Signature of Cardholder's Supervisor _____

NOTE: CARDHOLDER MUST COMPLETE TRAINING BEFORE USING CARD. PLEASE SCHEDULE TRAINING BY CALLING EXT. 3309.

Credit Card Number - _____

CARDHOLDER AGREEMENT

I hereby acknowledge receipt of a Drew University Purchasing Card. As holder of the Purchasing Card, I understand and accept the responsibility for proper use and protection of my card as outlined in the Drew University Purchasing Card Policy. I understand that use of this card is for authorized University business only and it may not be used for personal purchases of any kind regardless of any intention to reimburse the University. I agree to maintain a log of all purchases and to keep copies of all receipts. I am aware that the use of my card will be audited and I agree to produce the log and receipts on demand to support such audit. I will surrender my card upon request by any representative of Fiscal Operations.

I understand that improper use of this card is a violation of University Policy and that I will be held personally liable for any charges made outside of the conditions set forth in the Purchasing Card Policy. Furthermore, I acknowledge that improper use of the Purchasing card will result in disciplinary action including possible termination of my employment.

Signature of Cardholder

Date