## **Lewis & Clark College**

### Purchasing Card Enrollment Form

#### **Card Holder Information**

Name on card (First, Middle Initial, Last)		
Гitle:		
Cell Phone #:	Campus Phone#:	
Department Name	Department Acct No	
Mailbox (MSC) Number	E-Mail Address @lo	:lark.edu
Default Expense Account (xx-0-xxxx-xxxx)	XXXX (ie 40-0-5301-XXXX)	
Additional Fund-Division-Dept Codes needed: _		
Proxy Cardholder (if assigned)		
Card Controls		
Spending Limit per Cycle - *Any amount over \$5	,000 needs an explanation as to reason for higher	limit.
□ \$2,500 □ \$5,000 □	\$7,500* \$10,000*	
□ *Other \$ Reason for 0	Cr Limit	
Does this Cardholder have Access to Federal Gra If yes, Single Transaction Limit of \$4,999 will I Are you likely to travel outside the U.S. for Colle	pe applied to all transactions.	
	Card Holder Signature	Date
Manager Name (Print)	Manager Signature	Date
Business Office / Controller (Print)	Business Office / Controller Signature	Date
This Section	on For Business Office Use Only	
Group Name	Profile Name	
User ID	<del></del>	
Date Card OrderedOrdered	ered by (Initials)	
Added To: Reporting CH Sprdsht	Welcome Email	

#### **Lewis & Clark College**

#### Purchasing Card Holder Agreement

Employee / Card Holder Name				
Date	Division (CAS,Law,Grad,Common Svcs,Aux Svcs)			
Department Name	Department Number			

I have requested a corporate purchasing card and agree to comply with the following terms and conditions of participation in the Lewis & Clark College Purchasing Card Program:

- 1. I understand that my actions as a Card Holder constitute financial commitments on behalf of Lewis & Clark College.
- 2. I understand that failure to use my Purchasing Card in accordance with the terms and conditions of this agreement may result in revocation of my card holder privileges.
- 3. I have received and read the <u>Purchasing Card Program Handbook</u> and agree to follow the procedures described therein.
- 4. I understand that I am personally responsible for the safe-keeping and appropriate use of the card.
- 5. I agree to use the Purchasing Card only for authorized Lewis & Clark College business purposes.
- I understand that the College will request reimbursement for any personal or unauthorized purchases, and may take other corrective actions up to and including termination of employment.
- 7. I agree to purchase materials and services from the College's "preferred suppliers" whenever possible.
- 8. I acknowledge that the Business Office will audit my use of the Purchasing Card.
- 9. I acknowledge that my Department Manager will review all of my purchasing card transactions for approval.
- 10. I agree to promptly provide any additional information requested by my approving supervisor or the Business Office concerning any of my purchasing card transactions.
- 11. I agree to retain original documentation (receipts, contracts, event schedules, etc) for all purchases made on my Purchasing Card.
- 12. I agree to review and sign-off for all of my monthly Purchasing Card transactions within 5 business days of the following month, or allow the proxy named below to do so on my behalf.
- 13. I agree to attach an itemized receipt for all transactions of \$50.00 or more and to provide a detailed business purpose for all transactions.
- 14. I understand that my card privelages will be susptended if I am delinquint in timely reporting and sign-off of transactions as described herein. I also understand that my card privelages may be suspended if my Manager is delinquint in approval of my transactions.
- 15. I agree to notify the Business Office promptly if I transfer to a different department or anticipate a significant change in my purchasing pattern.
- 16. I agree to return the purchasing card immediately to my approving supervisor or the Business Office upon request or at termination of employment.

# Lewis & Clark College Purchasing Card Holder Agreement

<ol> <li>If my Purchasing Card is lost or stolen, I wi and Bank of America at 1-888-449-2273.</li> </ol>	II promptly notify the Business Office at	503-768-7878
18. I understand that the Business Office may	terminate my purchasing card privileges	at any time for
any reason at their discretion.		
Card Holder Name (Please Print)	Card Holder Signature	Date
Proxy Card Holder Name (Please Print)	Proxy Card Holder Signature	Date
Manager Agreement & Approval		
I have read the terms and conditions listed in t Holder compliance with all of the above.	this agreement and will be responsible to	ensure Card
noider compliance with all of the above.		
I have received and read the Purchasing Card I	Program Handbook and agree to comply	with
procedures described therein.		
I agree to monitor the purchase activity of the	Card Holder, validate the business purpo	se of each
transaction, and obtain additional information	as needed to resolve any outstanding iss	sues.
I agree to review the expense account number	r(s) assigned to each transaction for accur	racy and to
verify that the business expense is properly cla		acy and to
agree to complete the electronic approval of	monthly nurchases made by the Card He	ldar by tha
10 <sup>th</sup> day of the following month.	monthly purchases made by the Card Ho	ider by the
understand that the lack of timely approval o	on my part of Card Holder transactions m	av result in
suspension of card privelages.	, , , , , , , , , , , , , , , , , , , ,	-,
If the Card Holder does not fully comply with t	the terms and conditions of this agreemen	at at any
If the Card Holder does not fully comply with t time, I agree to notify the Business Office to su		
taken to resolve the issue(s).		

Manager Signature

Business Office Approver Signature

Date

Date

Manager Name (Please Print)

Business Office Approver (Please Print)