

Harvard University

Purchasing Card Individual Cardholder Application, Part 1 of 3

To be completed by applicant and signed by applicant and department administrator.

Please print.

Cardholder's Name (First, Middle Initial, Last - maximum 21 characters)		Harvard ID (For Your Security) First 8 Digits	Last 4 Digits - Social Security #
Date of Birth	Harvard E-Mail Address		School / Department
Harvard Office Mailing Address		City, State, Zip Code	Harvard Phone Number () -
33-Digit Default General Ledger Number (cannot be a sponsored fund)			
Tub	Org	Object	Fund
Activity		Sub Activity	Root
_____ -- _____ -- _____ -- _____ -- _____ -- _____ -- _____ -- _____ -- _____ --			

CARDHOLDER AGREEMENT: To be signed by Applicant

President and Fellows of Harvard College ("Harvard") are pleased to offer you the Purchasing Card. The Purchasing Card represents Harvard's trust in you and recognizes you as an employee who will be responsible to safeguard and protect Harvard's assets. Because Harvard may be liable for all charges made by you, this Cardholder Agreement is required.

I, _____, hereby request, for legitimate Harvard Business purposes, a Harvard University Purchasing Card. I understand that I will be required to complete a cardholder training session prior to receiving a Purchasing Card. In the event that I receive a Purchasing Card, I agree to comply with the following:

1. As a Cardholder, I will comply with the terms and conditions of this Agreement and the applicable provisions of Harvard's on-line Purchasing Card Manual (the "Manual") as revised from time to time. I acknowledge that I have read the Manual, and confirm that I understand its terms and conditions.
2. As a Cardholder, I will be responsible for the protection and proper use of the credit card as outlined in the Agreement and Manual. I will ensure that the Purchasing Card cannot be used by someone other than myself. I will not use the Purchasing Card to make personal or non-work-related purchases. I will immediately report to the Purchasing Card Administrator the loss or theft of the Purchasing Card. I understand that Harvard will audit the use of the Purchasing Card. I will not use the Purchasing Card for the restricted commodities listed in the Manual.
3. Unauthorized use of the Purchasing Card by me may result in appropriate disciplinary action which may include fines. If I use the Purchasing Card improperly, Harvard may deduct from my salary or from any other amounts payable to me, an amount equal to the total of the improper purchases. I will allow Harvard to collect any amounts owed by me even if I am no longer employed by Harvard. If Harvard initiates legal proceedings to recover amounts owed by me under this Agreement, I will pay reasonable legal fees incurred by Harvard in such proceedings.
4. Harvard may terminate my right to use the Purchasing Card at any time for any reason. I will return the Purchasing Card to Harvard immediately upon Harvard's request and in any event upon the termination of my employment for any reason.

Executed as a sealed instrument to be governed by Massachusetts Law.

Applicant Signature: _____ Date: _____

Department Administrator's Name: _____ Admin. Phone: (_____) _____

Department Administrator's Signature: _____

Applicant: Please staple pages 1 and 2 of application. Applicant's department administrator, and (if applicable) PCard reviewer should complete **Part 2**, and forward application to applicant's PCard local administrator. Questions about designated PCard local administrators can be directed to the UIS Help Desk, at 496-2001.

Purchasing Card Individual Cardholder Application, Part 2 of 3

To be completed by applicant's department administrator, and signed by reviewer.

A. Spending Limit Options (choose one—Option Nine may require Financial Dean approval; check with applicant's PCard local administrator for details)

Spending Limits Option One <input type="checkbox"/> Monthly Spending Limit \$5,000 Single Purchase Limit \$500	Spending Limits Option Two <input type="checkbox"/> Monthly Spending Limit \$10,000 Single Purchase Limit \$500	Spending Limits Option Three <input type="checkbox"/> Monthly Spending Limit \$20,000 Single Purchase Limit \$500
Spending Limits Option Four <input type="checkbox"/> Monthly Spending Limit \$10,000 Single Purchase Limit \$1,000	Spending Limits Option Five <input type="checkbox"/> Monthly Spending Limit \$20,000 Single Purchase Limit \$1,000	Spending Limits Option Six <input type="checkbox"/> Monthly Spending Limit \$30,000 Single Purchase Limit \$1,000
Spending Limits Option Seven <input type="checkbox"/> Monthly Spending Limit \$10,000 Single Purchase Limit \$2,500	Spending Limits Option Eight <input type="checkbox"/> Monthly Spending Limit \$30,000 Single Purchase Limit \$2,500	Spending Limits Option Nine (see note above) <input type="checkbox"/> Monthly Spending Limit \$50,000 Single Purchase Limit \$2,500

B. Settlement System User Privilege (default is Modify—please check one)

- ☐ **None** No access to settlement system.
☐ **View** Can view transactions, but cannot change coding or mark transactions "Reviewed."
☐ **Review** Can mark transactions "Reviewed," but cannot change coding or add a Business Purpose.
☐ **Modify*** Same as Review privilege, but can also change coding and add a Business Purpose.
*Local Administrators: Please note that "Update" is the same as "Modify" privilege.

C. Tub and Org Privileges

Indicate tub and org(s) that the applicant may charge against (include PCard security group name if known):

D. Reviewer Information

Provide the Name and Harvard ID of the PCard Reviewer responsible for reviewing settlement-system transactions and maintaining original transaction receipts for applicant. Reviewer changes, including requests for back-up reviewers, should be reported to applicant's local administrator.*

Reviewer Name: _____ Harvard ID: _____

Reviewer Signature: _____ Date: _____

*If cardholder is responsible for reviewing his or her own transactions on the settlement system, and maintaining all original receipts, check here and leave other reviewer information blank: ☐

Purchasing Card Individual Cardholder Application, Part 3 of 3

To be completed by applicant's PCard local administrator; please do not complete this section unless you are responsible for electronically entering the information on this form.

A. Security Group Information

Name of applicant's PCard security group, as it appears in local administration system: _____

B. PCard Local Administrator Information

The PCard local administrator must retain this form locally for auditing purposes. The program administrator will contact the local administrator when the card arrives, usually within two weeks of submission of the electronic application. PCard local administrators must conduct a cardholder training session for the applicant prior to delivering the card.

Local Administrator Name: _____

Local Admin. Signature: _____ Phone: _____