

## Kalamazoo College Credit Card Application and Employee and Supervisor Agreement

I, \_\_\_\_\_, request a purchasing/credit card. As a cardholder I agree to comply with the following terms and conditions regarding my use of the card.

- I understand that I will be making commitments on behalf of Kalamazoo College and will strive to obtain the best value for the College.
- I understand that the College is liable to PNC for all charges made on the card.
- I agree to use this purchasing card for approved purchases only and agree not to charge personal purchases. I understand that Kalamazoo College will audit the use of this card and report and take appropriate action on any discrepancies. I also agree that I will be held responsible for unauthorized purchases made with this card.
- I agree to **obtain receipts for all credit card purchases. Provide the original receipts to the College.**
- I will follow the established procedures for the use of the card, including timely submission of statements and original receipts. Failure to do so may result in suspension or revocation of the use of the purchasing card, additional taxable income reported on Form W-2, and/or other disciplinary actions.
- I will be given a copy of the Purchasing/Credit Card Policy and Procedures Manual and will review the requirements for the card's use.
- I agree to return the card immediately upon request or upon termination of employment (including retirement). Should there be any organizational change that causes my department number to change, I agree to notify the Business Office of the change.
- If the card is lost or stolen, I agree to notify PNC **immediately.**
- I understand that I am the **only** person authorized to approve charges made against my card.
- In addition, I also agree that the Business Office has my authorization to deduct any outstanding balances that are personal or unauthorized from my next payroll.

*Please complete the following information*

		K College ID #:	
Name of Cardholder:		Last four digits of SS#*:	
Department name:		Account Number:	X X - X - X X X X
E-mail address:		Campus phone:	
Credit limit:		Name of Supervisor:	

After completing the information above, please print this form. Both the Cardholder and Supervisor need to sign manually.

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

### Supervisor Accountability Agreement

- I authorize the Business Office to issue a purchasing card to the above named individual.
- **I agree to review and sign the purchasing card statements to ensure compliance with purchasing card policies, including review for unauthorized transactions and insufficient documentation.**
- I understand that I may be contacted directly in the event that the cardholder fails to comply with purchasing card policies and procedures.

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

*For Business Office Use Only*

Business Office Approval:		Date:		Approved Limit:	
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\*This information is used by the bank as a security measure.