



# UNIVERSITY OF MARYLAND

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Department of Procurement and Strategic Sourcing

To: Prospective Purchasing Cardholders

From: The Delegated Procurement Team

Subject: Applying for Purchasing Cards

Thank you for applying for a University of Maryland purchasing card. There are responsibilities and restrictions associated with becoming a UM cardholder. Prior to applying for a purchasing card, please review the responsibilities and restrictions located on the Internet at [http://www.purchase.umd.edu/pcard\\_who\\_is\\_responsible\\_for\\_what.html](http://www.purchase.umd.edu/pcard_who_is_responsible_for_what.html) and <http://www.purchase.umd.edu/pcardrestrictions.html>

Following is the University of Maryland's Purchasing Cardholder Agreement form. Please complete all the required fields, sign it, and have it signed by your department head and assigned Reviewers (one of which must be your supervisor). Please provide your and your Reviewers' UID, the unique nine-digit number assigned by the University to all students, employees, or affiliates where required (do not use social security numbers, UMID numbers, or Directory IDs). Feel free to contact us if you need assistance locating your UID. Mail the completed form to Delegated Procurement Team at the above address (originals only – no faxed or emailed copies), and we will process your agreement upon receipt.

To ensure adequate checks and balances, we cannot accept agreements that are approved by the same signing authority who is assigned as the sole Reviewer. To avoid this we require departments to either: 1) assign an additional Reviewer for this application, or 2) have the agreement approved by someone who is in a position above the department head in his/her chain of command (see "Approved By" signature block on page 2 of the agreement).

All cardholders are required to complete purchasing card training and certification; purchasing card training is available through Elms Canvas, the University's web based instruction tool. The moment we receive your p-card agreement, we will then give you access to online purchasing card training; you will be notified via email when access has been created. We will coordinate access to the canvas system for you (based on receipt and completion of the cardholder agreement).

We look forward to working with you. Should you have any questions or concerns regarding the purchasing card program, please contact the Delegated Procurement Team at 301-405-5834.



**STATE OF MARYLAND  
CORPORATE PURCHASING CARD PROGRAM  
CARDHOLDER AGREEMENT**

I, \_\_\_\_\_, hereby request a Corporate Purchasing Card. As a cardholder, I agree to comply with the following terms and conditions related to the use of the card:

1. I understand that I am being delegated the authority to purchase supplies and services on behalf of the **University of Maryland**, using the State of Maryland Corporate Purchasing Card.
2. I agree that this card will be used for approved purchases only and, further, that I will not charge any personal purchases to this card. All purchases must be made in accordance with applicable laws and regulations, including, but not limited to, sponsored project terms and conditions, the UMCP Policy and Procedures for Delegated Purchasing Authority, Policy VIII-3.10 (B), revised 5/00, the State of Maryland Corporate Purchasing Card Program Policy and Procedures, the UM Purchasing Card User's Guide, and the UM Purchasing Card Policies and Procedures. I understand that my failure to follow established procedures may result in disciplinary actions against me, including loss of leave time, suspension and/or termination of employment, fine, and/or criminal prosecution.
3. I agree to return the card immediately upon suspension and/or termination (including retirement) or upon reassignment to another UM Department or cost center. Also, I agree to return the card immediately upon request of my supervisor and that disciplinary actions referred to in paragraph 2 would also apply for failure to do so.
4. If the card is lost or stolen, I agree to immediately notify the bank and the Purchasing Card Program Administrator.

**STATEMENT OF COMPLIANCE**

I certify that I shall purchase supplies or services in accordance with applicable COMAR, State of Maryland, UM Procurement Policy and UM Corporate Purchasing Card policy and procedures. I certify that, to the best of my knowledge and belief, all of my statements are true, correct, complete, and made in good faith, and subject to applicable State of Maryland Code of Maryland Regulations, UM Procurement Policy and all other applicable laws and regulations;

I further acknowledge and certify that I shall be personally responsible for any unauthorized Corporate Procurement Card purchase. I hereby authorize the State to deduct from my payroll check and from any other payments to me the amount of such unauthorized purchases made on the Corporate Purchasing Card issued to me.

**STATEMENT OF UNDERSTANDING**

I understand that, pending all approvals, I will be given access to information contained in University administrative and/or academic computer systems solely for the purpose of fulfilling my official job duties. I agree to keep all information in a manner that is appropriate to its content and to keep any personally identifiable information confidential, kept out of public view, and stored in a secure location/form whether it is in paper copy, contained in software, visible on screen displays, in computer readable, or any other form.

I understand I am solely responsible for my use of this information, including its disclosure to others. I therefore agree not to re-disclose or provide access to this information except as authorized by my job duties and in compliance with federal and state laws and University policy. Neither curiosity nor personal relationships provide a basis for any breach of confidentiality.

By signing the Account Reviewer Access form, I acknowledge I am the only authorized user of the assigned Purchasing Card account(s), and that I will take steps to maintain the security, confidentiality, and integrity of any information accessed by me. These steps include protecting the confidentiality of my password to ensure others may not use it to access my account.

I have read the University of Maryland Guidelines for the Acceptable Use of Computing Resources available at <http://www.umd.edu/aug>. I have had the opportunity to have my questions regarding these Guidelines, or my access to and use of the Information answered.

I understand providing Information for unauthorized uses or otherwise violating University confidentiality policies relating to the information may result in disciplinary action, including my dismissal and prosecution under applicable federal or state laws. If I am a student employee, I understand that misuse also may result in a referral to the Student Judicial Board.

By signing this form, I verify I have read and understood this form, and agree to comply with its contents.

Approved by:

\_\_\_\_\_  
Cardholder Signature/Date

\_\_\_\_\_  
Department Head Name/Title (Print or Type)

\_\_\_\_\_  
Cardholder University ID Number (U ID) –  
**Do not give Social Security Number**

\_\_\_\_\_  
Department Head Signature/Date

\_\_\_\_\_  
Department

Do not complete shaded area.
UM Fiscal Officer Signature
UM Purchasing Card Program Administrator

\_\_\_\_\_  
KFS Account Number  
\*\*Complete [Justification for Assignment of Contract or Grant Account to a Purchasing Card form](#) for accounts 01-4300000 to 01-4339999, 01-4450000 to 01-4459999, or 01-5200000 to 01-5299999

Approval Required for Grant or Contract Account <input type="checkbox"/> No <input type="checkbox"/> Yes
Office of Contract & Grant Accounting (OCGA) Signature

**Please Print or Type – All information Must be completed or a delay in processing may occur.**

UM Purchasing Cardholder Information			
_____ Cardholder Name (up to 24 characters)	_____ Address Line 1: Department Name (up to 36 characters)		
_____ Telephone Number (10 numbers)	_____ Address Line 2: Business Address (up to 36 characters)		
_____ E-mail Address	_____ City	_____ State	_____ Zip Code
Cardholder Controls			
\$ _____ Single Transaction Limit (Choose \$2,500 or \$5,000)	\$ _____ Monthly Credit Limit (Recommended Limit is between \$5,000-\$15,000)		
Reviewer Information			
<p><b><u>Reviewer(s) – Person(s) authorized to review and approve Purchasing Card Transaction Logs</u></b></p> <p>Reviewer(s): I certify that I will review the purchasing card transactions monthly to ensure that receipts for all transactions are filed, the Visa statements have been reconciled, all transactions have been accurately recorded, and are allowable, appropriate and authorized charges. I understand and will perform the duties of reviewer as detailed in the UM Purchasing Card User's Guide, available on the Department of Procurement and Strategic Sourcing's website at <a href="http://www.purchase.umd.edu">www.purchase.umd.edu</a>. I also understand that my failure to follow established procedures may result in disciplinary actions against me, including reimbursement of unauthorized purchases, loss of leave time, suspension and/or termination of employment, fine, and/or criminal prosecution.</p> <p>Reviewer(s) please review Statement of Understanding on page one and two for additional information before signing.</p>			
Name: _____	Name: _____		
Phone Number: _____	Phone Number: _____		
Email: _____	Email: _____		
U ID Number: _____	U ID Number: _____		
Signature: _____	Signature: _____		
<p>**If adding more than 2 additional Reviewers, please complete Account Reviewer Access form.</p>			
<b><u>To Be Completed When Card is Picked Up From Procurement and Strategic Sourcing</u></b>			
<p>I have completed a Purchasing Card training session and have received my new UM Purchasing Card.</p>			
<p>Cardholder Signature (no designee) _____ Date _____</p>			