

PURCHASING CARD PROGRAM ENROLLMENT FORM

TO BE COMPLETED BY THE APPLICANT/CARDHOLDER									
Last Name First Name		9	Middle Initial						
Department				Title					
Building				Last Four Digits of SSN					
Room Number				Mother's Maiden Name					
Campus telephone				Email Address					
Cell phone				Date of Birth					
Card Holder Signature	Print and Sign								
TO BE COMPLETED BY THE DEPARTMENTAL/GRANT BUDGET AUTHORITY									
Spending Limit per Month		\$5,000 Max		\$					
Number of Purchases Allowed per Month			100 Max						
Number of Purchases Allowed per I	Day		20 Max						
Single Purchase Limit			\$2,000 Max		\$				
DEFAULT ACCOUNT NUMBER									
Company A	ccounting (Jnit	Account		Sub-Account	Activity			
Budget Authority Approval P			Title		Signature				
		ACCOUN	ITING UNIT	AND ACTIVI	TY ACCESS				
		(List all a	accounting u	nits that yo	u require)				
Accounting Unit A	ctivity				Budget Authority Approval				
Printed Name T	itle				Signature				
'									
Accounting Unit A	ctivity				Budget Authority Approval				
Printed Name T	itle				Signature				
Accounting Unit A	ctivity				Budget Authority Approval				
Printed Name T	ïtle				Signature				
OPS / EMARKETPLACE ACCESS									
Ship to First Name				Last Name					
Ship to Building and Room Number			Attention Instructions						
City				State, Zip					
Will you be purchasing hazardous materials? ☐ Yes ☐		No I	f so, is the MSDS for the materials on file?		? □ Yes □ No				
Most catalogs in OPS are tax exempt and absolutely no personal purchases may be made in the OPS eMarketplace.									

AGREEMENT

I acknowledge and agree to comply with the following terms and conditions regarding use of the Card:

- 1. I understand that I am being entrusted with a College Purchasing Card and will be making financial commitments on behalf of Mount Holyoke College (the "College") and will strive to obtain the best value for the College.
- 2. I acknowledge that I have read the Purchasing Card Procedures Manual (the "Manual") governing the use of the Card and I understand the requirements for the Card's use. I understand that, in signing this Cardholder Agreement, I am bound by all of the terms and conditions of the Manual. The manual can be found on the Mount Holyoke Purchasing Department webpage.
- 3. I understand that the College is liable to JP Morgan Chase for all charges made on the Card.
- 4. I agree to use the Card for College purchases only and agree not to charge personal purchases. I understand that internal audits will be performed on the Card and, upon request of the Purchasing Card Administrator, I will provide any documentation in my possession regarding my use of the card. While I understand that the Card is not to be used for personal purchases, should I inadvertently use the Card for such purchases, I will reimburse the College and pay any costs incurred by the College in obtaining such reimbursement or enforcing the requirements of this Cardholder Agreement or the Manual.
- 5. I understand that I am not to accept any rewards or incentives that are offered to me personally by any vendor as a result of using the College purchasing card. The benefits of any such incentives programs accrue to the College.
- 6. I understand that it is my responsibility to reconcile the monthly statements and resolve any discrepancies by contacting the appropriate supplier.
- 7. If the Purchasing Card is lost or stolen I agree to immediately notify the Purchasing Card Administrator and JP Morgan Chase.
- 8. 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 purchasing responsibilities to change, I also agree to return my card and arrange for a new one, if appropriate.
- 9. I acknowledge that certain personal information as contained in the Purchasing Card Application Form will be provided to JP Morgan Chase prior to issuance of the Card to me.
- 10. The college is a nonprofit organization and tax exempt. Tax should not be charged on the card. A tax exempt certificate can be presented with the card to obtain exemption.
- 11. I acknowledge types of purchases that are not allowed on the card such as personal purchases, non college purchases, alcoholic beverages, travel and entertainment, catering, gift cards, contracting, consulting, gifts, donations, recreational activity, tax, leases, moving services, purchases over \$10,000, software and software licenses not approved by LITS, computer hardware and devices not approved by LITS and toner already provided by Auxiliary Services.
- 12. I understand that failure to follow the terms set forth in the Manual or in this Cardholder Agreement may result in either revocation of the Card or other disciplinary actions, up to and including termination.

SIGNATURE FOR AGREEMENT COMPLIANCE							
Cardholder Name		Signature					
Date							

TO BE COMPLETED BY FINANCIAL SERVICES							
P-card Administrator Signature		Date Application Received:					
Date Application Sent to JPMC							
Date Card Received		Date Card Given to Applicant					
Director of Purchasing Signature		Date					
P-card Training Completion Date		Completed by					
Entered into p-card email directory		Completed by					
Entered into Ops		Completed by					
Email Tax Forms To applicant		Completed by					