



CASE

CASE WESTERN RESERVE UNIVERSITY

Procurement Card Agreement Form

Date: _____

Individual Cardholder Name (Print) _____

Department Name _____ Management Center/Division _____

Cardholder Campus Address _____

Room No. Building Location Code

Cardholder Campus Telephone Number _____ E-mail Address _____

Speedtype for all transactions _____

Speedtype Expiration date of grant if applicable

The Pcard may only be used for Case business. The Pcard program administrator will assign your maximum single transaction limit and your monthly dollar limit as specified by the Case cardholder granting department and by the Case policies established for use of this card. This statement applies to any authorized single transaction limit that is established for the benefit of the cardholder by a Case authorizing representative.

The following are examples of actions that violate Pcard policies and procedures and may result in disciplinary action:

- Purchase of items for personal use
- Purchase of items defined in restrictions and limitations
- Purchase of restricted items or services from merchants excluded from valid Pcard merchant categories
- Use of the Pcard for purchases of more than the single transaction limit established for your card by splitting the purchase into more than one transaction
- Failure to return the Pcard when reassigned, terminated or upon request
- Failure to obtain packing slips and receipts on every purchase and turning them in to your departmental administrator or their designee for the purpose of establishing and maintaining files for accountable reconciliation procures
- Allowing another individual use of your card or providing your Pcard account number to another individual for their use
- Using the Pcard for travel and entertainment items or services (Determined by Division or School)

Your monthly dollar limit coincides with the billing cycle which begins on the 26th day of the month until the 25th day of the next month. Accounts must be edited on-line on a 24-hour/7-day time period during the current activity cycle period. Account edits must be made during current activity cycle no later than midnight (Eastern Time) of the 25th day of each month.

Note: Complete the following information if the Department Administrator or the designee will be editing your account.

Department Administrator Name (Print)

Department Administrator Name (Signature)

Telephone Number

Email Address

Department Administrator Name (Print)

Department Administrator Name (Signature)

Telephone Number

Email Address

All receipts must be reconciled with the statement information and retained in the department for audit purposes.



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It is the cardholder's responsibility to follow-up on any erroneous charges (disputes), returns or adjustments and to ensure proper credit is given on subsequent statements.

- As an individual cardholder of the Case Pcard Program, I accept the responsibility for protection and proper use of the Pcard as described and outlined in the Pcard program policies listed above and in the supplemental Pcard program user's guide.
- I understand that the university is liable to JP Morgan Chase for all charges I make using the Pcard. I understand that the Pcard may be used only for authorized expenditures and no personal expenses will be charged to the card. In addition, I understand that my Pcard or Pcard account number is not to be given to any other individual.
- I understand that the university may terminate my right to use the Pcard issued in my name at any time for any reason. I agree to surrender the Pcard immediately upon request, upon transfer to another university department or upon termination of employment.
- I understand that it is my responsibility to notify the program administrator by email with 24 hours of my employment termination from the university. The notification email address is casepcard@case.edu. If Case's program administrator is not notified of my termination from the university, I will be personally responsible for all charges to the Pcard that are initiated after my termination date.
- I am receiving the Pcard issued on behalf of Case Western Reserve University. I agree to accept responsibility for the protection and proper use of this Pcard. I have read and understand, and agree to comply with all policies and procedures governing the Pcard program. I understand that failure to do so may result in corrective action up to and including termination of employment and/or possible criminal charges.

Cardholder Name (Print)

Cardholder Name (Signature)

Date

As the Budget Director of the Management Center/Department, the required internal control structure and account reconciliation procedures as outlined in the Pcard policies and user's guide are in place.

Budget Director (Print)

Budget Director (Signature)

Date

As Dean, Chairperson, or Vice President I approve the issuance of the Case Pcard to this individual.

Name (Print)

Name (Signature)

Date

Title