

# INDIVIDUAL PURCHASING CARD APPLICATION

TMCC is pleased to present you with a College purchasing card (PCard). Part-time employees, LOA employees and student employees are not eligible. Please submit the completed application to the Accounting Services Office at [tmccap@tmcc.edu](mailto:tmccap@tmcc.edu).

<b>Cardholder's Information</b> <i>(person responsible for this card)</i>		
Check One: <input type="checkbox"/> Staff <input type="checkbox"/> Faculty		
Cardholder's Legal Name <i>(24 Characters)</i>		Employee ID (9 Digit) Number
Department	College Phone Number	Email
<b>Program Number:</b> <i>Enter the Program Number that you want as your default account for purchases. This must be a self-supporting account. Use a state account only if no self-supporting account is available. The other information is required by the Bank; provide to Bank if asked during phone calls.</i>		
Program Number (Worktag PGxxxxx)	Date of Birth (mm/dd/yyyy)	Mother's Maiden Name or Password
<b>Cardholder Agreement</b>		
As the holder of the College Purchasing Card:		
I agree to insure that all uses of the College purchasing card will comply with the terms and conditions of this agreement and the stated provisions of the PCard procedures provided to me, and I have read and fully understand the <a href="#">PCard policies and procedures</a> posted online.		
I understand that the College is liable to JP Morgan Chase MasterCard® for all charges made with the College purchasing card.		
I agree to accept responsibility for the protection of the card as outlined in the agreement and <a href="#">PCard policies and procedures</a> posted online.		
I understand that the College will audit my use of the purchasing card, and understand that I cannot use the purchasing card for the purchase of goods or services listed as prohibited in the PCard procedures, and that the purchase of such goods or services shall be deemed an improper use of the purchasing card.		
I understand that improper or fraudulent use of the College purchasing card may result in disciplinary action and/or personal liability. Should I fail to use the purchasing card properly, I authorize the College to deduct from my salary, or from other amounts payable to me, an amount equal to the total of the improper purchases. I also agree to allow the College to collect any amounts owed by me even if I am no longer employed by the College. If the College initiates legal proceedings to recover amounts owed by me under this agreement, I agree to pay legal fees or collection costs incurred by the College in such proceedings.		
I understand that the College may terminate my right to use the College purchasing card at any time for any reason, and I agree to return this card to the College immediately upon request or termination of employment.		
I understand that I am responsible for verifying all PCard transactions for the current billing cycle by the 15 <sup>th</sup> of each month.		
Cardholder Signature		Date
<b>As supervisor and/or dean/director or above, I approve the issuance of a College PCard to this staff member and assume overall responsibility for the card. (Note: 2 signatures are required)</b>		
Approved by Supervisor <i>(Print Name)</i>	Signature	Date
Dean/Director or Above <i>(Print Name)</i>	Signature	Date
<b>Complete Upon Receipt of PCard</b>		
PCard Number		Expiration Date
I hereby acknowledge receipt of the College PCard and understanding of the PCard procedures.		Date
Cardholder Signature		Date