



Purchasing Card Application

Office Supplies | Travel & Local Business Expenses | Subscriptions & Publications | Computers, Software & Peripherals

Cardholder Information *(To be completed by the Proposed Cardholder)*

INCOMPLETE FORMS WILL BE RETURNED

☐ **Drexel University**

☐ **Drexel University College of Medicine**

Title _____

Employee Name (Up to 24 Characters) _____

Email _____

Employee ID Number _____

Employee Date of Birth (mm/dd/yyyy) _____

Network User ID (e.g., abc12) _____

*Default Cost Center Number
(Fund and Orgn)* _____

*Activity
Code* _____

Phone Number _____

Department Name (Up to 35 Characters) _____

Department Address (Building and Room) _____

Additional Comments: _____

Employee's Signature _____ *Date* _____

Cardholder Controls *(To be completed by Reporting Authority)*

Approvals	P.I./Cost Center Administrator/Department Chair/Director
	Print Name _____ Signature _____ Date _____
	Dean/Vice President
	Print Name _____ Signature _____ Date _____
	Provost/Senior Vice President/President
	Print Name _____ Signature _____ Date _____

Purchasing Department Use Only

☐ **Approved** ☐ **Denied..... Reason Denied:** _____

Purchasing Card Administrator (please print name) _____

Card Administrator's Signature _____

Date _____

Purchasing Card Cardholders Agreement

1. I understand that by using the Purchasing Card, I will be making financial commitments on behalf of Drexel University and that the University will be liable for all charges made with the Purchasing Card.
2. I will strive to obtain the best value for the University when purchasing merchandise with the Purchasing Card.
3. I agree to use the Purchasing Card only for authorized purchases and in an appropriate manner, as defined in the Purchasing Card Policies and Procedures and in accordance with all other existing purchasing and travel related policies and procedures.
4. I understand that should I make an unauthorized purchase with the Purchasing Card or use the Card in an inappropriate manner, I will be subject to disciplinary action, including termination, as set forth under University policy.
5. I understand that the University will monitor and audit my use of the Purchasing Card.
6. I understand that the Purchasing Card remains the property of JPM Chase and that I am accountable for activity on the Card. I agree to return the Purchasing Card immediately upon termination of employment at Drexel University, or at the request of the Purchasing Card Administrator.
7. I understand that it is my responsibility as a cardholder to: make purchases, collect detailed receipts, approve charges via PaymentNet, follow up with vendors and/or the bank on disputes, reconcile monthly charges by the 26th of the month, and submit reconciliation to the Procurement Card Office, Purchasing Department, 3201 Arch Street no later than the 1st of the following month.
8. I have read the Drexel University Purchasing Card Program Policies and Procedures and understand them. Therefore, I agree to abide by all requirements set forth in said Policies and Procedures.
9. I agree to abide by the ethics guidelines set forth in the policies and procedures.
10. My signature below indicates that I have read this agreement, understand it and agree to be bound by it, and any subsequent amendments or addenda, for as long as I am a Purchasing Cardholder at Drexel University.

Initial _____

Conflict Of Interest Statement

I occupy a position of trust with respect to the institution and have an obligation to discharge my duties with good faith, diligence, and undivided loyalty. In fulfillment of this obligation, I understand that it is my duty to disclose that I, or a member of my immediate family, have a financial, ownership and/or beneficial interest in an entity in (excess of the 5%) from which the University purchases goods and services ("Beneficial Interest"). I further acknowledge that if I purchase, on behalf of the University, goods or services from entity in which I or a member of my family holds a Beneficial Interest, I may have a conflict ("Conflict") and must disclose this Conflict to the University prior to making the purchase.

As of the date of signing this agreement, I have disclosed Conflicts to the University. In the event that I plan to purchase goods and/or services from an entity in which I or a member of my immediate family holds a Beneficial Interest, I will notify the University of the Conflict before purchasing the goods and services.

Initial _____

Please attach any information regarding a Conflict of interest that has or has not been resolved with applicable management.

☐ Please check if applicable: Additional Information Attached