

The Evergreen State College Procurement Card Cardholders Agreement

I (employee name) _____, as the Cardholder, agree to the following conditions regarding my use of the The Evergreen State College Procurement Card:

1. I understand that by using the Procurement Card, I will be making financial commitments on behalf of The Evergreen State College and that the College will be liable for all charges made with the Procurement Card.
2. I will strive to obtain the best value for the College when purchasing merchandise with the Procurement Card.
3. I agree to use the Procurement Card only for authorized purchases and in an appropriate manner, as defined in the Procurement Card Handbook. I understand the section entitled "Prohibited Transactions".
4. I understand that should I make an unauthorized purchase with the Procurement Card or use the Card in an inappropriate manner, I will be subject to disciplinary action including possible card cancellation, termination of employment at The Evergreen State College and criminal prosecution.
5. I understand that the College will monitor and audit my use of the Procurement Card.
6. I understand that the Procurement Card remains the property of JP Morgan Chase Visa and that I am accountable for activity on the Card. I agree to return the Procurement Card immediately upon transfer to a different department, termination of employment at The Evergreen State College, or at the request of the Procurement Card Administrator.
7. I understand that it is my responsibility as a cardholder to; make purchases, collect detailed receipts, approve charges on the internet, and follow up with vendors.
8. I have received a copy of The Evergreen State College Procurement Card Handbook and understand that by this reference it is incorporated and made a part of this agreement. I therefore agree to abide by all requirements set forth in said handbook.
9. I agree to abide by the ethics guidelines set forth in the manual.
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 Procurement card holder at The Evergreen State College.

Applicants Name (Please Print)

Applicants Signature & Date

Applicants E-mail Address

Dean/Director Signature

Approving Official Signature
(Cardholders supervisor w/ budgetary authority)

Purchasing Manager's Authorization



The Evergreen State College - Purchase Card Application

Forward the completed Application to: Jay Field, Purchasing & Contracts Office, L1007

CARDHOLDER INFORMATION

First Name Middle Initial Last Name

Department Name Mail Stop

The Evergreen State College, 2700 Evergreen Parkway NW

College address

Olympia WA 98505

City State Zip

(360) _____

Campus Phone Number Network Login

P-CARD ACCOUNT INFORMATION

Default Budget String (TESC Organization Code to be charged for P-Card purchases)

ORG # _____

Individual Card or Dept. Card

Hierarchy Information (to be filled out by Program Administrator)

EMPLOYEE / APPROVAL SIGNATURE

- I understand that this Procurement Card is to be used for business purchases only and is not to be used for any type of personal purchase. I also acknowledge that all purchases must comply with the policies and procedure, terms and conditions of the college and the laws of the State of Washington. I understand that I will be held responsible for any purchase deemed inappropriate and not within the terms of the College or JPMorgan Chase agreement and that company may terminate my P-card for any reason.
- I certify that I have successfully completed P-Card training and have been approved by my Department Budget Authority to make P-Card purchases. I understand that I must submit receipts and package lists to my Department's Budget Authority and that periodic Reviews by the Purchasing Department may take place.
- My signature affirms that I agree to comply with the above terms.

Cardholder Confirmation & Signature

Signature of Applicant / Date
Printed Name of Applicant
Title of Applicant
Applicant's E-mail Address

Budget Authority Approval & Signature

Signature of Budget Authority / Date
Printed Name of Budget Authority
Title of Budget Authority
Budget Authority's E-mail Address

For Program Administrator Use Only

<input type="checkbox"/> Received Application
<input type="checkbox"/> Quality Checked Application
<input type="checkbox"/> Forward Application to JPMorgan Chase
<input type="checkbox"/> Received Card
<input type="checkbox"/> Create User ID Profile
<input type="checkbox"/> Set-up Cardholder Hierarchy
<input type="checkbox"/> Distribute Card