**PURCHASING CARD AGREEMENT**

*(You have been recommended to receive a Xavier University P-Card. Please complete the following.)*

**DATE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LEGAL NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Print Name as it will appear on the P-Card***

**LAST 4 DIGITS OF SSN:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**WORK PHONE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMPLOYEE ID:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MAILING ADDRESS (HOME):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**EMAIL ADDRESS:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_\_\_\_

**Return this completed form with the Authorization to Obtain a Xavier University Purchasing Card to the Office of Fiscal Services, P-Card Administrator, lgie@xula.edu.**

You are hereby delegated authority to purchase supplies and pay for such purchases using the Xavier University Purchasing Card (P-Card), provided the amount of any single purchase does not exceed $2,900.

Supplies may be purchased consistent with your organizational responsibilities, including any grant restrictions, to satisfy legitimate requirements. However, purchase limits as shown above have been established. All purchases must be made in accordance with all applicable University policies and procedures.

This delegation shall automatically terminate upon separation from Xavier University, or upon reassignment to another department within the University.

Any charges incurred, which are expressly prohibited by any policy or procedure of the University, will be the personal responsibility of the cardholder. If provisions are not made for reimbursement to the University within one month, the amount owed will be recovered through payroll deduction. The University shall have the right to cancel the P-Card at any time.

I further agree to relinquish the P-Card to the Office of Fiscal Services upon transfer of employment to another department, upon termination of employment, or when requested to do so. I hereby agree to the above requirements.

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Cardholder’s Signature