Roger Williams University Purchasing Department

P-Card Request Form

Cardholder Name:

Employee #

Cardholder Email:

Cardholder's Department:

Supervisor Name:

Supervisor's Email

Approver Name:

Approver's Email

DEFAULT BUDGET:

FUND		UNIT							ACCOUNT					LOC

CRITERIA FOR ELIGIBILITY: (Please check all that apply)

☐ **Cardholder is Primary Budget Holder for Department / Unit**

The Position's primary responsibilities include overseeing the departmental budget per the Controller's Office "Authorized Budget Signers" list.

☐ **Cardholder is Primary Departmental Purchaser for Department / Unit**

The Positions primary responsibilities include purchasing supplies / arranging services for the department.

☐ **Cardholder Needs to Transact with P-Card at "Point of Purchase"**

The Position's primary responsibilities include the need to purchase items in person at the vendor's location and/or requirement to make purchases during non-business hours.

REQUESTED CARD LIMITS:

SPL (Single Purchase Limit)	CSL (Cycle / Monthly Spending Limit)

Cardholder Signature: _____ **Date:** _____

Supervisor Signature: _____ **Date:** _____

CARDHOLDER ACKNOWLEDGEMENT

I acknowledge confirm that I have read and understand Roger Williams University's P-Card Policy and Procedures and its terms and conditions. I understand that Roger Williams University is liable to Bank of America for all RWU charges.

I agree to use this card for Roger Williams University approved purchases only and agree not to charge personal purchases. I understand that RWU will audit the use of this card and report any discrepancies; I also understand that I must notify Roger Williams University and Bank of America immediately if my card is lost or misplaced and/ or I discover any fraudulent activity on my account. I agree to record the appropraiate "business purpose" for all transactions in the BOA Works system as directed by the Roger Williams University P-Card Policy.

I further understand that improper use of this card and/or violation of this agreement may result in disciplinary action up to and including termination of employment. Should I fail to use this card properly I authorize Roger Williams University to deduct from my paycheck the amount equal to the total of the discrepancy. I also agree to allow Roger Williams Universityto collect any amounts owed by me even if I am no longer employed by RWU.

I understand that the Purchasing Department, Controller's Office or authorized outside auditor may request copies or originals of any and/or all receipts from my P-Card transactions.

I understand that Roger Williams University may terminate my right to use this card at any time for any reason. I may also be requested at any time, for any reason to relinquish the card. I agree to return the card to the RWU Puirchasing Department immediately upon request or upon termination of employment.

CARDHOLDER SIGNATURE _____ **DATE** _____

APPROVER ACKNOWLEDGEMENT

I understand that I am responsible for reviewing the appropriate "business purpose" of all the cardholder's P-Card transactions and I agree that I will log into the BOA Works system on a monthly basis to ensure compliance by checking and signing off electronically.

I understand that if I do not comply with this monthly review of charges, Roger Williams University will terminate the cardholder's right to use this P-Card.

APPROVER SIGNATURE _____ **DATE** _____