

**INSTRUCTIONS FOR COMPLETING
THE CARDHOLDER INFORMATION FORM
AND CARDHOLDER AGREEMENT**

Page 1 CARDHOLDER INFORMATION FORM:

Field 1: Cardholder Information

- Cardholder Name as it will appear on the VISA card
- Date of Birth
- Campus Telephone Number

Field 2: Authorization Controls

Leave blank. Preauthorization is already established at \$5,000 per single transaction and \$5,000 per month.

Field 3: Restrictions (By Agency)

Leave blank. Existing restrictions are listed on page one of the instructions

Field 4: Hierarchy Information (complete only the following sections):

- PCA Agency
00040 for regular operating budgets beginning with 110
00043 for grant budgets beginning with 120
- Agency Use Code is your 6-digit budget to be charged when the State posts our monthly charges. When you submit your activity log, the charges will be reallocated to the proper budgets and object codes.
- Department: Your department.

Field 5: Approvals:

- Employee should fill in name, sign, and date
- Budget manager should fill in name, sign, and date
- Leave the Agency Fiscal Officer and PCPA lines blank

Page two: CARDHOLDER AGREEMENT FORM:

Please read the cardholder agreement very carefully before you sign it. This form must be completed and turned in with the Cardholder Information Form.

**The completed forms should be sent to Irene Olnick, Business Office
The cardholder should keep Part I – General Information and Instructions**

**STATE OF MARYLAND
CORPORATE PURCHASING CARD PROGRAM
CARDHOLDER INFORMATION FORM**

Regular (\$5,000 STL)

University of MD (\$5,000)

e-Maryland Marketplace (\$10,000 STL)

1. CARDHOLDER INFORMATION

Agency Name: St. Mary's College of Maryland

Contact Name: Irene Y. Olnick

Cardholder Name: _____

Date of Birth: _____

Telephone Number: 240-895-_____

Billing Address: St. Mary's College of Maryland
18952 East Fisher Road
Saint Mary's City, MD 20686-3001

2. AUTHORIZATION CONTROLS

Credit Limit: \$5,000
Daily # Transactions:

Single Transaction Limit: \$5,000
Cycle # Transactions:

3. RESTRICTIONS (By Agency)

MCCG Name	MCCG Action	Single Purchase Limit
Refer to Page 2 Under Specific Restrictions		

Refer to Page 2 Under Specific Restrictions

4. HIERARCHY INFORMATION

Agency Code	PCA	Object Flag	Object Code	Budget Number	Default PCA
R14		C	0999		R14

Department: _____

5. INITIAL CARD MAILING INSTRUCTIONS

Contact Name: Irene Y. Olnick, Business Office
Address: St. Mary's College of Maryland
18952 East Fisher Road
St. Mary's City, MD 20686-3001

6. APPROVALS

Employee Name: _____ Signature: _____ Date: _____

Dept Head Name: _____ Signature: _____ Date: _____

Agency Fiscal Officer: _____ Signature: _____ Date: _____

Completed by PCPA: _____ Date: _____

Questions should be addressed to the Agency PCPA identified in the Contact Name Field

**STATE OF MARYLAND
CORPORATE PURCHASING CARD PROGRAM
CARDHOLDER AGREEMENT**

I, _____ hereby request a Corporate Purchasing Card. As a cardholder, I agree to comply with the following terms and conditions related to the use of the card.

1. I understand that I am being delegated the authority to purchase supplies and services on behalf of St. Mary's College of Maryland using the State of Maryland Corporate Purchasing Card.
2. I agree that this card will be used for approved purchases only, and further that I will not charge any personal purchases to this card. All purchases must be made in accordance with applicable laws, Code of Maryland Regulations (COMAR), or St. Mary's College of Maryland Policies and Procedures and the State of Maryland Corporate Purchasing Card Program Policy and Procedures Manual.
3. I agree to return the card immediately upon suspension and/or termination (including retirement) or upon reassignment to another Agency or cost center. Also, I agree to return the card immediately upon request of my supervisor or the Purchasing Card Program Administrator and that disciplinary actions referred to in paragraph 2 would also apply for failure to do so.
4. If the card is lost or stolen, I agree to immediately notify US Bank and the Purchasing Card Program Administrator.

STATEMENT OF COMPLIANCE

I certify that I shall purchase supplies or services in accordance with applicable COMAR or SMCM Policies and Procedures, State laws and State of Maryland Corporate Purchasing Card policy and procedures. I certify that, to the best of my knowledge and belief, all of my statements are true, correct, complete and made in good faith, and subject to applicable COMAR or SMCM Policies and Procedures, State laws, and State of Maryland Corporate Purchasing Card Program Policy and Procedures Manual.

I understand that my failure to follow established procedures may result in disciplinary actions against me, including reimbursement of unauthorized purchases, loss of leave time, suspension, and/or termination of employment, fine, and/or criminal prosecution.

I further acknowledge and certify that I shall be personally responsible for any unauthorized Corporate Purchasing Card purchases. I hereby authorize the State to deduct from my payroll check and from any other payments to me the amount of such unauthorized purchases made on the Corporate Purchasing Card issued to me.

Employee's Signature and Date

Department Head Signature and Date

Employee's Social Security Number

Agency Fiscal Officer's Signature and Date

Employee's Department

Purchasing Card Program Administrator's
Signature and Date