



## COLLEGE OF THE HOLY CROSS

### PURCHASING CARDHOLDER (PCard) REQUEST & AGREEMENT FORM

College of the Holy Cross (College) is pleased to present you with a purchasing card (PCard). You are authorized to commit funds on behalf of the College through the use of the credit card issued in your name. Accordingly, you are the only person that may use your card. All purchases must be made by you on behalf of and for the benefit of the College.

Please read and initial the below before receipt of a College purchasing card.

As a cardholder, I agree to comply with the terms and conditions of this Agreement and the applicable provisions of the following policies as well as all subsequent revisions thereto which are found on the College website.

- [Procurement Card Policy & Procedures](#)
- [Travel and Entertainment Expense Policy](#)
- [Faculty Conference Travel Policy](#)
- [Purchasing Policy](#)

I acknowledge receipt of these policies and confirm that I have read and understand the terms and conditions contained therein.

I understand the card is College property and that the College is liable for all charges made by me and accordingly I will not make personal charges to the card.

I accept responsibility for the protection and proper use of this credit card, including reconciliation in accordance with College policy and the maintenance of receipts as outlined in this Agreement and the Procurement Policies.

I understand that the College may audit use of the purchasing card.

I understand that I CANNOT use the card for the restricted commodities listed in any College Policies or for personal purchases.

If the card is lost or stolen, I will immediately notify the College representative and the issuing Bank.

I further understand that improper use of this purchasing card by me or anyone else may result in disciplinary action, up to and including termination of employment. Should I fail to properly use the purchasing card, I authorize the College to deduct from my salary or from any other amounts payable to me, an amount equal to the total of the improper purchases. I also agree to take any steps necessary to permit the College to collect any amounts owed by me even if I am no longer employed by the College. If the College initiates legal proceedings to recover amounts owed by me under this Agreement, I agree to pay legal fees incurred by the College in such proceedings.

I understand that the College may terminate my right to use this purchasing card at any time, for any reason, in its sole discretion. I agree to return the purchasing card to the College immediately upon request or upon termination of employment.

**To Be Completed by the Cardholder's Supervisor:**

Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Department Name: \_\_\_\_\_

PCard Requested For: \_\_\_\_\_

**To be Completed by the Future PCard Cardholder:**

Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Holy Cross ID Number: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Return both pages of this completed form to [purchasing@holycross.edu](mailto:purchasing@holycross.edu)

The PCard will be sent to the Cardholders home address in approximately 10 days.  
Questions? Contact [purchasing@holycross.edu](mailto:purchasing@holycross.edu) or call 508-793-3616.

Holy Cross uses ChromeRiver to record and reconcile PCard charges.  
Visit this LinkedIn Learning [site](#) for training.

**For Purchasing Department Use Only**

Form Received Date:

PCard Ordered Date:

Last 4 digits of PCard (once issued):