

## Harvard University Purchasing Card Individual Cardholder Application and Agreement

To be completed by applicant and signed by applicant and Tub/Unit Card Administrator. See [Purchasing Card Roles and Responsibilities](#) for additional information and requirements.

Cardholder's Name (First, Middle Initial, Last - <b>maximum 21 characters</b> )				Harvard ID (first 8 digits)		
School / Department:		Harvard E-Mail Address		Harvard Phone Number		
Delivery Address		City, State, Zip Code		Mobile Phone Number		
<b>33-Digit Default General Ledger Number (cannot be a sponsored fund)</b>						
Tub	Org	Object	Fund	Activity	Sub-Activity	Root

### CARDHOLDER AGREEMENT *(to be signed by applicant)*

I, \_\_\_\_\_, request a Harvard University Purchasing Card (PCard) and agree to use the PCard solely for valid Harvard business expenses. I agree to the following:

1. I confirm that, prior to my submission of this form, I completed the [PCard Overview and ROPPA online trainings](#) and read the [PCard Policy](#) and [the Citibank Cardholder Account Agreement](#). I understand that, as a PCardholder, I will be responsible for the timely and complete submission of my monthly expenses. I hereby agree to comply with the terms and conditions of this Agreement, the Citibank Cardholder Account Agreement, ROPPA, the PCard Policy and other applicable [Financial Policies](#).
2. As a PCardholder, I will be responsible for the protection and proper use of the credit card as outlined in this Agreement and the PCard Policy. I will ensure that the PCard cannot be used by someone other than myself. I will not use the PCard to make personal or non-work-related purchases. I will immediately report any loss or theft of the PCard to Citibank and my Tub/Unit Card Administrator. I understand that Harvard will audit the use of the PCard. I will not use the PCard for prohibited purchases as listed in the PCard [Policy](#).
3. I understand that, in the event of inappropriate use of the PCard, I am required to make full reimbursement to Harvard for the amount inappropriately charged, and I may be subject to disciplinary action up to and including termination of employment. If I fail to fully reimburse the required amount, Harvard may seek to recover the amount, even if I am no longer employed by Harvard. Harvard may initiate appropriate legal proceedings to recover amounts owed by me, which may include reasonable legal fees incurred by Harvard in such proceedings.
4. Harvard may terminate my right to use the PCard at any time for any reason. I will return the PCard to Harvard immediately upon Harvard's request and in any event upon the termination of my employment for any reason.

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

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

### TO BE COMPLETED BY CARDHOLDER'S SUPERVISOR AND TUB/UNIT CARD ADMINISTRATOR CARD LIMITS OF \$50,000 REQUIRE FINANCIAL DEAN OR DESIGNEE APPROVAL

Card Monthly Limit (select one)	\$5,000	\$10,000	\$20,000	\$30,000	\$50,000
Single Purchase Limit (select one):	\$500	\$1,000	\$1,500	\$2,500	\$5,000

Supervisor's Signature: \_\_\_\_\_

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

Tub/Unit Card Administrator Name: \_\_\_\_\_

Tub/Unit Card Administrator's Signature: \_\_\_\_\_

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

Financial Dean or Deesignee Approval (if applicable): \_\_\_\_\_

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

Submit completed forms to your [Tub/Unit Card Administrator](#)



## Additional Information for Cardholders

[Citibank Information and Access](#)

[Concur PCard Training](#)

[Concur Systems Access](#)

[How to Activate Your Card](#)

[Managing Your Account](#)

[PCard FAQs](#)

[PCard Information](#) – includes Allowable and Unallowable Expenses, FAQs, Roles and Responsibilities, Reconciliation timeline, etc.

[PCard Policy](#) – will be replaced by University Card Policy Spring 2023

[University Card Policy](#) – Under construction

## Authorized Requestors:

Authorized Requestors must also complete and submit a [Concur Access Form](#) for contingent workers who qualify for a PCard. Access to Concur must be reviewed and renewed on an annual basis.