

VP FOR ADMINISTRATION AND
FINANCE USE ONLY

Credit Card Limit : _____



ACCOUNTING DEPARTMENT

Dixon Hall, 5th Floor | Box #11

**UNIVERSITY CREDIT CARD
JUSTIFICATION AND ACKNOWLEDGEMENT FORM**

Employee Name (please print): _____

Department: _____ **Cost Center:** _____

Title: _____

SECTION 1: JUSTIFICATION

A University Credit Card / Travel Card is requested for the following reasons (at least 1 justification must be listed):

1. _____
2. _____
3. _____

SECTION 2: ACKNOWLEDGMENT

As a recipient of a California University Credit Card, I agree to the following terms and conditions:

1. I will use the card only in accordance with University policies, regulations and procedures as stated within the University Guide for Cardholders.
2. I understand this is NOT a personal purchasing card and I will not make any personal charges against my card under any circumstances.
3. I am responsible for ensuring my card and card number(s) are protected from theft or loss. I will immediately notify the banking company using the Toll Free Number on the back of my card and the Accounting Department of any loss or improper use of my card and card number.
4. I am responsible for obtaining and submitting, for audit purposes, all proper invoices/receipts or other documentation necessary to substantiate the propriety of each card transaction. I also understand that if I do not have the invoices, receipts or documentation to turn in, I will reimburse my account by providing a check, cash or money order to the Accounting Department for deposit in my fund center account. A copy of the check, money order, or receipt for cash will be attached to the statement for audit purposes.
5. I will surrender the purchasing card to the University's Credit Card Administrator upon demand or upon my termination of employment with the University.
6. Understand that failure to comply with the policies, regulations, and guidelines set forth herein may result in termination of my employment from California University of Pennsylvania.

Employee Signature: _____ Date: _____

SECTION 3: SECURITY INFORMATION

Mother's Maiden Name (please print): _____ Last 4 digits of Social Security #: _____

SECTION 4: APPROVAL

Supervisor: _____ Approved: **YES NO** Date: _____

Area Vice President: _____ Approved: **YES NO** Date: _____

VP for Administration and Finance: _____ Approved: **YES NO** Date: _____