

Purchase Card Application Form

ORGANIZATION & EMPLOYEE INFORMATION		
Cardholder Legal Name:	Banner ID:	Work Phone #:
Title:	Faculty/Department:	
Residential Address:		Postal Code:
PCard Coordinator Name:	PCard Coordinator Title:	
<div><div><input type="checkbox"/> I acknowledge that the PCard is non-transferable. It can only be issued to make purchases related to my regular duties in connection with Kwantlen Polytechnic University.</div><div><input type="checkbox"/> I understand that I cannot use the PCard for personal purchases, cash advances, alcohol purchases, or traffic and/or parking violation payments.</div><div><input type="checkbox"/> I understand that I cannot use the PCard to pay for parking at KPU campuses or to purchase furniture, computer equipment, hardware, software or individual pieces of equipment over \$1000.</div><div><input type="checkbox"/> I will protect the PCard and its associated account number and password, and will not divulge the information to any other person (except a merchant with whom I am transacting on behalf of Kwantlen Polytechnic University and Financial Services). If my card is lost or stolen, I agree to immediately notify the credit card issuer (1-800-588-8065) and the KPU PCard Administrator (FAST.PCard@kpu.ca).</div><div><input type="checkbox"/> I understand that this PCard is the property of the credit card issuer, assigned to me, on behalf of Kwantlen Polytechnic University and that in the event of willful or negligent default of these obligations KPU shall take recovery action deemed appropriate and that is permitted by law. This could result in a) immediate and irrevocable forfeiture of the card; and/or b) disciplinary action.</div><div><input type="checkbox"/> I agree to return this credit card upon request of the PCard Administrator, upon termination of employment, whether for retirement, voluntary separation, resignation, position transfer, dismissal, or leave of absence. I acknowledge that I may be requested to surrender the PCard for reasons not related to my own personal situation, such as reorganization or transfer.</div><div><input type="checkbox"/> I understand that I will receive an online credit card statement that will report all activity during the statement period. I will resolve any discrepancies by either contacting the credit card issuer or the merchant.</div><div><input type="checkbox"/> I understand that I am be required to obtain a copy of the cash register receipt or invoice for all transactions, attach it to the statement, and forward all approved documentation and original itemized receipts to Financial Services (attention: PCard Administrator) by the 8th day of the following month.</div><div><input type="checkbox"/> I understand that since the PCard is the property of Kwantlen Polytechnic University, I may be periodically required to comply with Internal Audit control procedures.</div><div><input type="checkbox"/> I acknowledge that my personal information (such as my legal name and residential address) will be released to the credit card issuer, which is established in the United States.</div><div><input type="checkbox"/> My signature on this document indicates that I have read and understood the Purchase Card reference material. I agree to comply with the requirements listed above, and that I will not knowingly breach the guidelines and procedures set forth in the AD3, FM5, and GV4 Policy and Procedures.</div></div> <div><div><div>Purpose of Application:</div><div></div></div><div><div>Applicant Signature:</div><div></div></div><div><div>Date:</div><div></div></div></div>		
CARD INFORMATION		
Default Org Code:	Transaction Limit: <i>(The default transaction limit is \$1,000)</i>	
Select Monthly Transaction Limit: <div><div><input type="checkbox"/> \$1,000 Monthly Limit</div><div><input type="checkbox"/> \$2,500 Monthly Limit</div><div><input type="checkbox"/> \$5,000 Monthly Limit</div><div><input type="checkbox"/> \$10,000 Monthly Limit</div></div>	<div>•To request for a transaction limit waiver during Business Travel, please fill in the Travel Pre-Approval Request Form.</div> <div>•To request for a one-time transaction limit waiver for purposes other than Business Travel, please send your request to Director of Financial Operations.</div>	
SIGNING APPROVAL		
Supervisor Name: <div></div> <div>Title:</div> <div></div>	Signature: <div></div> <div>Date:</div> <div></div>	
AVP/Director Financial Services Name: <div></div> <div>Title:</div> <div></div> <div><small>President, VP, (Exec.) Director, (Assoc.) Dean, Div. Bus. Manager</small></div>	Signature: <div></div> <div>Date:</div> <div></div>	
FINANCIAL SERVICES USE ONLY		
Card Number:	Division Number:	Date:

*Complete this form electronically and send to Financial Services by inter-campus mail or email to **Cathy Tong** (yanjing.tong@kpu.ca)*