



Purchase Card Application

Applicant/Cardholder Information		
First Name:	Middle Initial:	Last Name:
Email:	Business Phone #:	Banner ID#:
Department:	Date of Birth:	Country of Citizenship:
Mother's Maiden Name:		
Applicant's Complete Business Mailing Address		
Campus:	Street Address:	
City:	State:	Zip:
Applicant's Home Address		
Street Address:		
City:	State:	Zip:
Department Administrator/Approver Information		
First Name:	Last Name:	Banner User ID:
Email:	Department:	Banner ID#:

Default FOAPAL

Fund:	Organization:	Account:	Program:	Activity: N / A	Location:
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The following signatures are required:

_____	_____	_____
Applicant (Print)	Signature	Date
_____	_____	_____
Dept. Administrator/Approver (Print)	Signature	Date
_____	_____	_____
Dean, Director, or Dept. Head, <i>as applicable</i> (Print)	Signature	Date
_____	_____	_____
Vice President of Finance and Strategy (Signature)	Date	General Travel Athletics Purchase Card Group

To be completed by the CCRI Office of the Controller		
_____	_____	Yes No
Office of the Controller (Signature)	Date	Application Processed <i>(if no, state reason)</i>



Purchase Card Cardholder Agreement

Cardholder Name (Print): _____ Department: _____

Your signature/initials below indicate that you have read and will comply with the terms of this agreement regarding the use of the Community College of Rhode Island Purchase Card:

Cardholder Initials (Required)

- ___ 1. I understand that by using the Purchase Card, I will be making financial commitments on behalf of the College and that the College will be liable for all charges made with the Purchase Card.
- ___ 2. I agree to use the Purchase Card only for authorized purchases and in an appropriate manner, as defined in the Purchase Card Policy Manual and in accordance with all existing State and College purchasing policies and procedures.
- ___ 3. I understand that should I make an unauthorized purchase with the Purchase Card or use the Card in an inappropriate manner, I may be subject to disciplinary action, including without limitation termination of employment, civil penalties and/or criminal prosecution under [Section 42-11-14.2 of the General Laws](#).

***NOTE:** Section 42-11-14.2 of the General Laws makes it unlawful for any employee of the state, or his/her designee, to use or permit others to use state-issued purchase cards for personal use. Any person who violates this law shall be liable for a civil penalty equal to three times the value of the unlawful use, plus an amount not to exceed \$10,000. The penalty shall be assessed and recovered in a civil action brought in the name of the people of the State of Rhode Island by the Attorney General. If two (2) or more persons are responsible for any violation, they shall be jointly and severally liable for the penalty. If the action is brought by the Attorney General, the moneys recovered shall be paid into the General Fund. Nothing in this section shall prevent the Attorney General from pursuing criminal charges against any person who violates the policies and procedures established pursuant to this section.*

- ___ 4. I understand that the Purchase Card remains the property of the College and that I am accountable for activity on the Card. I agree to return the Purchase Card immediately upon termination of employment at the College, the transfer to another department, or at the request of the Office of the Controller.
- ___ 5. I understand that the College can terminate my right to use the card at any time, for any reason and require its return.
- ___ 6. My signature below indicates that I have read this agreement, understand it and agree to be bound by it, for as long as I am a Purchase Cardholder at the College.

Cardholder Signature

Date

To be completed by the Office of the Controller	
_____ Office of the Controller (Signature)	_____ Date



Purchase Card Department Administrator Agreement

Dept. Administrator Name (Print): _____ Department: _____

The Purchase Card delegates both authority and responsibility for small dollar purchases to employees in your department. While it is the respective Dean, Director, or Department Head, as applicable, who has the overall responsibility for ensuring that the public is best served, the designated Department Administrator is the person who monitors the daily operation of the Purchase Card in each Department. This Agreement lists your primary responsibilities as it applies to the Purchase Card.

Department Administrator Initials (Required)

- ____ 1. To ensure a system is established and implemented that promotes compliance within the College's policies and procedures governing the use and security of the Purchase Card.
- ____ 2. To monitor Purchase Card activity for unusual transactions or unusual patterns of use, discussing any transactions which appear to be out of line with policies and procedures with the Cardholder for clarification. If concerns still exist, document and report any violations to the Controller's Office.
- ____ 3. To obtain and review Monthly Cardholder Reconciliation package to ensure package is complete.
- ____ 4. To compile reconciliation package for all department Cardholders and forward to the Controller's Office no later than the 10th day of each month.
- ____ 5. To immediately report loss, theft, or fraudulent use to JP Morgan Chase and the Controller's Office.
- ____ 6. To notify the Controller's Office and the Office of Human Resources of any Cardholder changes in employment status, including transfer or termination.
- ____ 7. My signature below indicates that I have read this agreement, understand it and agree to be bound by it, for as long as I am a Department Administrator at the College.

CARDHOLDER NAME: _____

DEPARTMENT ADMINISTRATOR	
_____ Print Name	
_____ Signature	
_____ Date	_____ Banner ID

DEAN, DIRECTOR, OR DEPT. HEAD (AS APPLICABLE)	
_____ Print Name	
_____ Signature	
_____ Date	

To be completed by the Office of the Controller	
_____ Office of the Controller (Signature)	_____ Date