

PURCHASING CHARGE CARD (PCARD) REQUEST FORM & ACKNOWLEDGEMENT OF RESPONSIBILITIES & OBLIGATIONS

Personal Information

Last Name _____	Given Name _____	Initials _____
Department _____	Faculty _____	
Telephone _____	Email _____	
Street Address _____	City & Prov _____	Postal Code _____

Default Information Please fill out entire default account. Add zeros to non-existing accounts.

G/L Account	Cost Center <small>(leave zero for five digit #s)</small>	Fund Center	Fund	Internal Order
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Fund Expiry Date _____	Transaction Limit <small>(Cannot exceed \$5,000)</small> _____	Monthly Limit _____
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Acknowledgement of Responsibilities & Obligations for the Use of the Bank of Montreal MasterCard Purchasing Card

I, _____, hereby apply for the Bank of Montreal MasterCard Purchasing Card (the "Card") to be issued by the Bank of Montreal. I acknowledge this Card will be issued to me to make purchases in the course of my regular duties in connection with the University, and I will not use the Card to make any personal purchases. I fully understand purchases made using this Card are to be authorized by a departmental manager with expenditure initiation authority, in accordance with the usual department procedures.

I acknowledge I have read and agree to the terms and conditions of the Corporate Purchasing Card Cardholder Agreement (the "Cardholder Agreement") regarding my acceptance of this Card, and I will not follow any policies or procedures that contradict, limit or vary the terms and conditions set out in the Cardholder Agreement. I confirm my agreement to the said terms and conditions by signing below and by retaining and using the Card.

I shall undertake to protect the Card and the card account number and realize it is for my use only, not to be divulged to any other person (except a merchant with whom I am transacting on behalf of the University) without the written permission of the Departmental Card Coordinator. Should the Card be lost, stolen or suspended or compromised in any manner, I shall advise Bank of Montreal and the Card Program Administrator immediately.

Furthermore, I understand this Card is the property of the Bank of Montreal, provided to me on behalf of the University and in the event of willful or negligent default of these obligations, the Bank of Montreal and the University shall take recovery action, deemed appropriate, that is permitted by law. I agree to return this Card upon request of the Card Program Administrator.

Authorization Signatures

	Name	Telephone	Date
_____	_____	_____	_____
Cardholder			
_____	_____	_____	_____
Departmental Card Coordinator			
_____	_____	_____	_____
Campus Card Coordinator			
_____	_____	_____	_____
Department Head			