



Procurement Card Application/Agreement

APPLICANT NAME:	NEW APPLICATION: TITLE:	UPDATE APPLICATION: EMPLOYEE NUMBER:
DEPARTMENT:	COST CENTER:	
CAMPUS ADDRESS:	BUILDING/ROOM:	
EMPLOYEE TELEPHONE NO.:	EMPLOYEE EMAIL ADDRESS:	DATA ENTRY USER ID:

PLEASE INDICATE BELOW THE PROCUREMENT CARD PROFILE REQUESTED (Select only one profile):

✓	Profile	Credit Limit	Daily Transaction Limit	Per Transaction Limit	Daily Transaction Number Limit
	P1	\$750	\$500	\$500	5
	P2	\$1000	\$750	\$750	5
	P3	\$1500	\$1000	\$750	10
	P4 *	\$2000	\$1250	\$750	10
	P5 *	\$2500	\$1500	\$750	10
	P6 *	\$5000	\$2500	\$750	10
	<i>Custom **</i>				

* Requires approval of College President.

** To be used only in rare instances when greater limits are required. Requires approval of College President.

I, the card applicant, by signing below hereby acknowledge and agree to the following:

- ✓ I have received the Procurement Card User Guidelines and Requirements and agree to abide by it; and
- ✓ I agree to use the Procurement Card for Broward College approved purchases only and **agree not to charge personal purchases on the Broward College Procurement Card**; and
- ✓ I agree to review and reconcile transactions in a timely manner and will maintain all applicable information and receipts; and
- ✓ I agree to return the card immediately upon request or upon termination or separation of employment (including retirement and sabbaticals); and
- ✓ I understand that my cardholder privileges may be suspended, canceled or terminated at any time; and
- ✓ I agree that if I transfer to another department or cost center, I will return my card immediately and arrange for a new one if deemed necessary by my new supervisor; and
- ✓ I understand that Broward College may audit my use of the card and follow-up on any discrepancies; and
- ✓ I understand that if I violate the terms of the agreement or Procurement Card User Guidelines and Requirements, I may be subject to disciplinary action, up to and including termination of employment; and
- ✓ I agree to reimburse Broward College for any and all unauthorized charges and any costs related to the collection of such charges, whether I am employed by the College at the time charges are assessed or not; and
- ✓ I agree that any monies I owe the college as a result of unauthorized charges may be deducted from my salary or wages, or any other monies due to me by Broward College; and
- ✓ I agree that the college may take whatever action is necessary, including legal action, to collect any unpaid balances due to unauthorized charges.

Card Applicant Name (Print):	Card Applicant Signature:	Date Signed:
Supervisor/Department Head Name (Print):	Supervisor/ Department Head Signature:	Date Signed:
Dean/Associate Vice-President Name (Print):	Dean/Associate Vice-President Signature:	Date Signed:
Provost/Vice-President Name (Print):	Provost/Vice-President Signature:	Date Signed:
J. David Armstrong, College President (when selecting Profiles P4, P5, P6 OR CUSTOM or when requestor is Provost/VP):	President's Signature:	Date Signed: