



## ONE CARD APPLICATION

### EMPLOYEE INFORMATION

Date of Application: \_\_\_\_\_

Last Name: \_\_\_\_\_ MI: \_\_\_\_ First: \_\_\_\_\_

Banner ID#: \_\_\_\_\_ UC Email: \_\_\_\_\_

Department: \_\_\_\_\_ Job Title: \_\_\_\_\_

Office Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Department Budget Organization Code(s): \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Card Type (Check One):  Commodities  Commodities & Travel

Monthly Spending Limit (Check One):  \$2,500  Other (Include Justification below) \$ \_\_\_\_\_

### APPROVAL INFORMATION

As the employee's supervisor, I acknowledge that I am responsible to ensure that the employee abides by the One Card Policy. I am responsible for taking the appropriate action in situations involving misuse of the card. I am responsible for notifying the Card Administrator of canceling cards if the cardholder is terminated for any reason, or if the cardholder transfers to another department within the College. I am also responsible for making certain that any reports I receive are checked for accuracy.

Supervisor Name: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

Vice President Name: \_\_\_\_\_

Vice President Signature: \_\_\_\_\_

Comptroller Signature: \_\_\_\_\_



## ONE CARD CARDHOLDER AGREEMENT

The Utica College One Card issued to you is subject to the following terms and conditions:

1. I am being entrusted with the One Card and will be making financial decisions on behalf of Utica College. I must strive to obtain the best value for Utica College by using reputable and proven vendors.
2. I understand that Utica College is liable to MasterCard for all card charges.
3. I agree to use this card for business purchases only and must not charge personal items. Utica College will audit the use of this card and take appropriate action on any discrepancies.
4. I agree to follow the procedures and guidelines established by Utica College for the use of the card. Failure to do so could result in revocation of my use privileges or other disciplinary action, including termination of employment.
5. I understand I am required to read and adhere to the One Card Procedures and Guidelines. I will retain the provided copy of the requirements of the card's use.
6. I will return the card upon request or upon termination of employment (including retirement). A change in my departmental designation may require the reissuance of the card.
7. If the card is lost or stolen, I will notify the Program Administrator and Citizens Bank MasterCard customer service immediately.
8. I agree to review and reconcile my transactions and submit my expense report within 7 days from the end of each billing cycle.
9. I understand that Utica College is Tax Exempt and all purchases on the One Card.
10. Utica College may change these terms and conditions or its policy and procedures concerning use of the card and I must comply with those changes.
11. I have received training on the CentreSuite website.

\_\_\_\_\_  
Cardholder Name (Print)

\_\_\_\_\_  
Cardholder Signature

\_\_\_\_\_  
Date

### Card Issue

Issued By: \_\_\_\_\_ Received By: \_\_\_\_\_ Date: \_\_\_\_\_