



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 University. 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 University 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 University. I must strive to obtain the best value for Utica University by using reputable and proven vendors.
2. I understand that Utica University 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 University 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 University 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 University is Tax Exempt and all purchases on the One Card.
10. Utica University 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: _____