



AN HONORS UNIVERSITY IN MARYLAND

STATE OF MARYLAND CORPORATE PURCHASING CARD PROGRAM AUTHORIZED SUPERVISOR AGREEMENT

AUTHORIZED SUPERVISOR INFORMATION

Supervisor Name: Agency: UMBC Department: Address: Bldg: Rm #: Address line 2: 1000 Hilltop Circle City: Baltimore State: MD Zip: 21250 Telephone Number: 410-455- E-mail:

RESPONSIBLE FOR THESE CARDHOLDERS (MUST BE CARDHOLDER'S IMMEDIATE P-CARD SUPERVISOR)

Table with 4 columns: CARDHOLDER, DATE ASSIGNED TO SUPERVISOR, CREDIT LIMIT, PREVIOUS SUPERVISOR (IF APPLICABLE). Rows 1, 2, 3.

\* Please attach sheet to show more than 3 cardholders.

- 1. I certify that I am Supervisor for the cardholder(s) listed on this form. 2. I understand that I am delegating the authority to purchase supplies and services on behalf of University of Maryland Baltimore County (UMBC) using the State of Maryland Corporate Purchasing Card, provided that the amount of any single purchase does not exceed \$5,000.00, that no employee travel costs and/or capital outlay cost are authorized, that no personal purchases will be made with the card, and that cash advances and gift cards are strictly prohibited. 3. If the card is lost or stolen, or if the cardholder leaves employment within the Department for any reason (including retirement) I agree to immediately notify the Purchasing Card Program Administrator. 4. I certify that I will review the purchasing card transactions monthly to ensure that receipts for all transactions are filed, the Visa Statements have been reconciled, that all transactions have been accurately recorded. 5. I agree to review the cardholders' credit card statement each month and to verify that the charges made are appropriate charges for the Department, that the charges are for the benefit of UMBC and are not personal purchases. I will also verify that all purchases have been made in accordance with applicable laws and regulations, including, but not limited to COMAR and the UMBC Purchasing Card Program Policies and Procedures User's Guide. 6. I understand that my failure to follow established procedures may result in disciplinary actions against me, including reimbursement of unauthorized purchases, loss of leave time, suspension and/or termination of employment, fine, and/or criminal prosecution.

P-Card Supervisor Name: Signature: Date: (print name)

Dean/Director/ Dept. Head: Signature: Date: (print name)

PCPA: Sharon Quinn Signature: Date: (print name)

Agency Fiscal Officer: Signature: Date: (or Designee) (print name)