

**CARDHOLDER INFORMATION**

Date of Request: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_ Department: \_\_\_\_\_

*(Separate form must be filled out for each card)*

**TYPE OF REQUEST:**

\_\_\_\_\_ Add Cardholder Supervisor – Please complete supervisor information below.

\_\_\_\_\_ Remove Cardholder Supervisor: \_\_\_\_\_  
*Name of Supervisor*

The following is to be completed and signed by the P-Card Supervisor:  
*(Cardholder's Supervisor(s) – Person(s) authorized to review and approve Purchasing Card Transaction Logs)*

Cardholder's Supervisor(s): 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, all transactions have been accurately recorded and are allowable, appropriate and authorized charges. I also understand and will perform the duties of P-Card Supervisor as detailed in the UMBC Purchasing Card User's Guide, which was discussed in P-Card training. A copy is available online that I can bookmark or print out for future reference.

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

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

Telephone # \_\_\_\_\_

Telephone # \_\_\_\_\_

E-mail: \_\_\_\_\_

E-mail: \_\_\_\_\_

Empl ID #: \_\_\_\_\_

Empl ID #: \_\_\_\_\_

Training: \_\_\_\_\_ Attended \_\_\_\_\_ Not Attended

Training: \_\_\_\_\_ Attended \_\_\_\_\_ Not Attended

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

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

**Approved by:**

\_\_\_\_\_  
*Department Head Name/Title (Print or Type)*

\_\_\_\_\_  
*(Signature - No Designee)*

**Once completed, send this request to the Department of Procurement, Rm. 730 Administration Bldg.**

**This area is for Procurement only.**

**Date Entered / Changed: \_\_\_\_\_ By: \_\_\_\_\_**