STATE OF MARYLAND CORPORATE PURCHASING CARD PROGRAM
P-CARD SUPERVISOR MAINTENANCE FORM

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: ____________________

3/13/14