

**UMBC/STATE OF MARYLAND  
CORPORATE PURCHASING CARD PROGRAM  
CARDHOLDER AGREEMENT**

I, \_\_\_\_\_, hereby request a Corporate Purchasing Card. As a cardholder, I agree to comply with the following terms and conditions related to the use of the card:

1. I understand that I am being delegated the authority to purchase supplies and services on behalf of the **University of Maryland Baltimore County**, using the State of Maryland Corporate Purchasing Card, provided that *the amount of any single purchase does not exceed \$4,999, that no employee travel costs and/or capital outlay costs are authorized, and that cash advances are strictly prohibited.*
2. I acknowledge that the per transaction (single purchase) dollar limit on the Card issued to me is not to exceed \$\_\_\_\_\_ per transaction (max. \$4,999 per transaction) and the dollar limit per monthly billing cycle is not to exceed \$\_\_\_\_\_.
3. I agree that this card will be used for approved purchases only and, further, that I will not charge any personal purchases to this card. All purchases must be made in accordance with applicable laws and regulations, including, but not limited to, the Code of Maryland Regulations (COMAR), the State of Maryland Corporate Purchasing Card Program Policy and Procedure, the UMBC Purchasing Card User's Guide which contains the purchasing card policies and procedures. I understand that my failure to follow established procedures may result in disciplinary actions against me, including loss of leave time, suspension and/or termination of employment, fine, and/or criminal prosecution.
4. I agree to return the card immediately upon suspension and/or termination (including retirement) or upon reassignment to another Agency or cost center. I also agree to return the card immediately upon request of my supervisor and that disciplinary actions referred to in paragraph 2 would also apply for failure to do so.
5. If the card is lost or stolen, I agree to immediately notify USBank and the Purchasing Card Program Administrator as set forth in the User's Guide.
6. If I am a faculty member at UMBC, I understand and acknowledge that I will be required to submit a Financial Disclosure to the State Ethics Commission if I purchase goods and services with an annual dollar volume in excess of \$2000.

**STATEMENT OF COMPLIANCE**

I certify that I shall purchase supplies or services *only when funds are available* and in accordance with applicable COMAR, State of Maryland, and UMBC Corporate Purchasing Card policy and procedures. I certify that, to the best of my knowledge and belief, all of my statements are true, correct, complete, and made in good faith, and subject to State of Maryland Code of Maryland Regulations and all other applicable laws and regulations;

I further acknowledge and certify that I shall be personally responsible for any unauthorized Corporate Purchasing Card purchase, including any erroneously charged and paid Maryland State Sales Tax. I hereby authorize the State to deduct from my payroll check and from any other payments to me the amount of such unauthorized purchases made on the Corporate Purchasing Card issued to me.

Employee Signature	UMBC
Date	Agency and Cost Center
Employee Social Security Number	1000 Hilltop Circle, Baltimore, MD 21250
	Agency Address
Supervisor (or next higher designee) Date	Agency Fiscal Officer (or designee) Date
Procurement Card Program Administrator	
Signature	Date