

**PROCUREMENT CARD PROGRAM
CARDHOLDER INFORMATION
AND
SIGNATURE FORM
(Original Signatures - File)**

Cardholder Name (typed/Printed): _____

Supervisor Name (typed/Printed): _____

Billing (Department)Address: _____

Billing Address: 1000 Hilltop Circle, Baltimore, MD 21250

Tel. No.: (410) 455- _____ SSN (Cardholder): _____

| Fund | Dept. | P-Fin | Account | Project | Activity | Res-Type |
|------|-------|-------|---------|---------|----------|----------|
| | | | | | | |

Note:

- I acknowledge that I am a **UMBC faculty/staff** employee.
- If the account to be charged is a grant, the cardholder **and** supervisor acknowledge that he/she has read and understands the following:

It is the responsibility of the cardholder to ensure compliance with federal standards presented in OMB Circular A-21, including that all purchases are reasonable, allowable, and allocable. **Reasonable** means that purchases are made in a rational and cost effective manner. **Allowable** means that the sponsor permits that specific kind of purchase in its support. (Note: OMB Circular A-21, Section J, 1-50, defines fifty allowed and disallowed categories of goods and services that may or may not be purchased with federal awards. Being “allowable means that a purchase falls into one of the acceptable purchasing categories.) **Allocable** means that a purchase must directly benefit the project being charged for the purchase. Payment for purchases determined to be inappropriate based upon any of the above standards will become the personal responsibility of the investigator and/or cardholder. Cardholder further agrees to surrender the card prior to the expiration of the grant and/or termination of the grant.

Cardholder Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Agency Fiscal Officer: _____ Date: _____