

**UMBC D-CARD
DEPARTMENT APPLICATION**

I, _____ (Printed/Typed Name), hereby request a UMBC D-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 goods and services on behalf of the University of Maryland Baltimore County with the D-card.
2. I agree that this card will be used for approved purchases only and that I will not charge any personal purchases to this card.
3. If the card is lost or stolen, I agree to immediately notify Campus Card Office as set forth in the User's Guide.
4. The Department assumes full responsibility in assuring that only an authorized fund source is used for D-Card purchases.

I certify that I have read the Departmental Campus Card User's Guide and that I will abide by the terms and conditions therein.

Cardholder Signature Date

Supervisor Signature Date

Department Head Signature Date

Department Name

Account Number

Method of Payment (JV, etc) and original amount

Campus Card Administrator Signature Date