

PROCUREMENT CARD AUTHORIZATION

Custodian Agreement *(To be completed by designated card holder)*

I, (employee name: _____), have received The College of New Jersey Procurement Card for (dept.: _____). As a custodian/card holder, I agree to go online and verify bi-weekly Pcard expenses and to comply with the terms and conditions regarding the use of the card. I have read the online procedures and terms of the Pcard at:

<http://www.tcnj.edu/~budfin/PcardAgreementFinal.htm>

Name as it appears on the Procurement Card: _____ Last Four Digits of Card _____

Campus Address _____ Fund ____ Class ____ DeptID _____ ProgID _____ Proj/GrtID _____

Custodian/Card holder Signature: _____ Email: _____ Date _____ Tele _____

Complete this section only if you manage **more than one** card. Indicate Pcards below:

Name as it appears on Card	Last four digits on Card	Fund-Class-DeptID-Prog-Prj/Grt

Departmental Approver *(To be completed by person responsible for the budget)*

The new Procurement Card procedures will require supervisors to go online and approve expenses. Signature affixed below indicates I have read the online procedures at: <http://www.tcnj.edu/~budfin/pcard/index.html> and have authority to approve payments for the chartfields provided and confirms that upon approval funds are available.

Signature of Authorization (Person responsible for Budget): _____ Email: _____ Date _____

RSVP for Procurement Card Training below (please specify)

Name _____

Name _____

___ Custodian/ ___ Approver

___ Custodian ___ Approver

Tuesday, April 13, 2010 (Bliss Hall, Room 28)

Wednesday, April 14, 2010 (Bliss Hall, Room 31)

___ 9:00 -10:30 am

___ 10:30 am - 12:00 pm

___ 10:30 am - 12:00 pm

___ 2:00 - 3:30 pm

___ **Thursday, April 15, 2010 from 9:00 - 10:30 am**

(Social Science Bldg Rm 21)

FOR FINANCE & BUSINESS SERVICE USE ONLY ___ Pcard User Security (MAPS) ___ Card Profile Created ___ Training