

**Confidential Cardholder Application & Agreement**  
Jane Cantrell-Rectenwald, P-Card Coordinator (304)696-2889

**Cardholder Information**

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Last 4 digits of Social Security #: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

College/Department: \_\_\_\_\_

Project Name: \_\_\_\_\_

Are you a full-time MURC or MU employee?      Yes                  No

Please select one method for delivery of card:  
Campus Mail                  Pick-up                  Send to home address

**Estimated Purchasing Limits**

Credit Limit per Cycle: \_\_\_\_\_ Single Transaction Limit (max \$4,999): \_\_\_\_\_

**Signatures/Approvals**

The Cardholder and Principal Investigator agree to be bound by the terms of the following Cardholder Agreement and to be responsible for all charges made by the cardholder in accordance with the terms of the agreement.

In the event the purchase card monthly reconciliation is not received by MURC by the due date or purchases are deemed inappropriate, purchases made with this card will be charged the following default fund/org:

**\*Note: This must be an unrestricted MURC fund, such as cost recovery account.**

**Fund/Org:** \_\_\_\_\_

**Cardholder's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Principal Investigator's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Dean or Vice President's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Cardholder Agreement**

This agreement outlines the responsibilities I have as a holder of the MURC Purchase Card (Cardholder). My signature indicates I have read and understand these responsibilities and that I agree to adhere to MURC Purchase Card Policies and Procedures and any applicable purchasing guidelines of the Institution or the specific project sponsor.

1. I understand that the Purchase Card is solely for official business of MURC, intended to facilitate the payment of goods and services for the conduct of MURC business within applicable activity limits and is not for my personal use.
2. I understand that use of the Purchase Card for payments not authorized within MURC Purchase Card Policies and Procedures will be considered misuse of the Purchase Card and will be grounds for (a) immediate forfeiture of the Purchase Card, (b) disciplinary action which may include termination of my employment and (c) conviction of a felony. I understand that I am personally liable for any payments not authorized by the spending unit and permitted within MURC Purchase Card Policies and Procedures.
3. I understand that all charges will be billed directly to and paid directly by MURC and that JP Morgan Chase cannot accept payment from me directly.
4. I understand that the Purchase Card is issued in my name and I am responsible for all charges made against it.
5. I will safeguard the Purchase Card with appropriate security from the time I receive the card until it is surrendered to the MURC Purchase Card Coordinator. If the Purchase Card is lost or stolen, I agree to notify JPMorgan Chase *immediately* at 1-800-316-6056 and the MURC Purchase Card Coordinator at (304) 696-2889.
6. I agree to follow purchasing guidelines of my sponsored agreement, MURC, and established Purchase Card Policies and Procedures.
7. I understand that the Purchase Card must be cancelled and surrendered upon request and/or upon my termination of employment from MURC.
8. I agree that, should I violate the terms of the Purchase Cardholder Agreement, I will reimburse MURC for all charges improperly authorized by me to the Purchase Card and all costs incurred by MURC related to the collection of such charges.

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Cardholder Name: (Please print) \_\_\_\_\_

*MURC Internal Use Only*

*Approval*  
P-Card Coordinator: \_\_\_\_\_

Date: \_\_\_\_\_