

**TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER  
MASTERCARD PURCHASING CARD PROGRAM APPLICATION**

**Cardholder Information** (Please Print Required Information)

**Cardholder Name** \_\_\_\_\_ **R Number** \_\_\_\_\_

**SS # (last four digits)** \_\_\_\_\_ **Department** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Campus** \_\_\_\_\_ **E-mail Address** \_\_\_\_\_

**Business Address & Room Number or STOP** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Business Phone** \_\_\_\_\_ **Banner Fund-Org-Program** \_\_\_\_\_

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

---

**Authorized By:**

**Financial Manager Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Print Name** \_\_\_\_\_ **Department** \_\_\_\_\_

**Monthly \$ Limit** \_\_\_\_\_ (Not to exceed \$8,000 without prior approval)

**Single Purchase Limit (Default is \$5000)**

---

<b>Allocation User</b>	<b>E-mail</b>	<b>Phone</b>
------------------------	---------------	--------------

\_\_\_\_\_  
(Person who maintains records-if cardholder leave blank)

**E-Raider Login**

\_\_\_\_\_  

<b>Expense Report Reviewer/Approver</b>	<b>E-mail</b>	<b>Phone</b>
---	---------------	--------------

\_\_\_\_\_  
(Reviews/Approves Cardholder's Expense Report each month)

**E-Raider Login**

Please return form to: Celeste Ramirez  
Purchasing Card Coordinator  
Payment Services - Lubbock  
TTUHSC STOP 6283

**TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER  
MASTERCARD PURCHASING CARD PROGRAM  
CARDHOLDER AGREEMENT**

I, \_\_\_\_\_, hereby accept responsibility for the State of Texas MasterCard Purchasing Card.

I acknowledge that I have received and read the TTUHSC Purchasing Card Program Operating Policy 72.15.

As a cardholder. I agree to comply with the terms and conditions of this Agreement, including the TTUHSC Purchasing Card Program Operating Policy 72.15. I also understand that TTUHSC is liable to Citibank for all charges and as an agent of TTUHSC, I understand that I am personally responsible and accountable for the proper use of the purchasing card.

I agree to use this card for TTUHSC approved purchases only and agree not to use the card for any personal purchases. I understand that TTUHSC will review the use of this card to determine that the credit card procedures and TTUHSC operating procedures are being followed.

I understand that TTUHSC may terminate my right to use this card at any time for any reason. I agree to return the card to TTUHSC immediately upon request or upon termination of employment.

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

Print Name: \_\_\_\_\_

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