



PCARD PROGRAM APPLICATION

Cardholder Information for Mastercard PCard Program

(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 _____

Cardholder's Signature _____ Date _____

Authorized By:

Financial Manager Signature _____ Date _____

Print Name _____ Department _____

Monthly Limit _____ (\$5,000 minimum. Not to exceed \$8,000 without prior approval)

Single Purchase Limit (Default is \$5,000)

Expense Report Reviewer/Approver

E-mail

Phone

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

E-Raider Login

Return form to:
Celeste Medrano
Purchasing Card Coordinator
Payment Services
Lubbock TTUHSC STOP 6283 or
Email: PCard@ttuhsc.edu

PCARD USE 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 U.S. Bank 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: _____

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