

**STATE OF MARYLAND
CORPORATE PURCHASING CARD PROGRAM
CARDHOLDER AGREEMENT**

I, _____, hereby request a Corporate Purchasing 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 supplies and services on behalf of Salisbury University, using the State of Maryland Corporate Purchasing Card.
2. I agree that this card will be used for approved purchases only and, further, that I will not charge any personal purchases to this card. All purchases must be made in accordance with applicable laws, Code of Maryland Regulations (COMAR) or USM Policies and Procedures, and the State of Maryland Corporate Purchasing Card Program Policy and Procedures Manual. I understand that my failure to follow established procedures may result in disciplinary actions against me, including loss of leave time, suspension and/or termination of employment, fine, and/or criminal prosecution.
3. I agree to return the card immediately upon suspension and/or termination (including retirement) or upon reassignment to another Agency or cost center. Also, I agree to return the card immediately upon request of my supervisor and that disciplinary actions referred to in paragraph 2 would also apply for failure to do so.
4. If the card is lost or stolen, I agree to immediately notify Bank of America (BOA) and the Purchasing Card Program Administrator.

STATEMENT OF COMPLIANCE

I certify that I shall purchase supplies or services in accordance with applicable COMAR or USM Policies and Procedures, State laws and State of Maryland Corporate Procurement Card policy and procedures. I certify that, to the best of my knowledge and belief, all of my statements are true, correct, complete, and made in good faith, and subject to applicable COMAR or USM Policies and Procedures, State laws and State of Maryland Corporate Procurement Card policy and procedures.

I further acknowledge and certify that I shall be personally responsible for any unauthorized Corporate Procurement Card purchase. I hereby authorize the State to deduct from my payroll check and from any other payments to me the amount of such unauthorized purchases made on the Corporate Purchasing Card issued to me.

Employee's Signature/Date

Employee's Date of Birth

Employee's Social Security Number

Agency and Cost Center

Manager's Signature/Date

Agency Address

Procurement Card Program Administrator's
Signature/Date

Agency Fiscal Officer's Signature/Date