



# The Ohio State University Purchasing Card, Travel Card and Group/Extended Travel Card Acceptance Form

This form is required by the issuing bank to ensure dispute rights. Please review the statements below and sign in the space provided. A fully executed copy should be maintained on file in your department's records for each card.

Card Type:	<input type="checkbox"/> Purchasing Card	<input type="checkbox"/> Travel Card	<input type="checkbox"/> Group/Extended Travel Card	Last 4 Digits:	
Card Manager / Card Holder Name:					
Employee ID Number:					

As a large public institution, The Ohio State University is held to a high degree of public scrutiny and accountability for its business practices. Issuance of a bank card is a privilege and every reasonable effort must be made to ensure that funds are used responsibly and in a manner consistent with the university's mission, applicable laws and ethical practices.

As the Card Manager / Card Holder, I

1. Accept the responsibility for the protection and proper use of the above referenced card.
2. Understand the card may be used only for authorized university business related purchases and no personal expenses will be charged to the above referenced card.
3. Understand any personal, improper or fraudulent charges on the above referenced card could be considered misappropriation of university funds and will result in immediate revocation of the card and may result in corrective action up to and including termination and/or criminal action. In addition, the university will seek restitution for any inappropriate charge.
4. Accept responsibility for verifying transactions against the monthly bank statement and resolving any discrepancies by contacting the merchant first and then the bank.
5. Must report a lost/stolen card immediately to PNC Bank Customer Service at (800) 685-4039, and notify my College/VP area Senior Fiscal Officer and the PCard Office.
6. Understand the university may terminate the right to use the above referenced card at any time for any reason.
7. Agree to cancel the above referenced card immediately, upon transfer to another university department or termination of employment (i.e. retirement or voluntary/involuntary termination). At this point, no further use of the account is authorized.

I have read and agree to the statements above. By signing this form, I acknowledge the responsibilities that accompany accepting the card and agree to comply with the university's Purchasing Card, Travel Card & Group/Extended Travel Card policy; Expenditure policy; Travel policy and Human Resource policies.

<b>Card Manager or Card Holder</b>		
Signature	<b>X</b>	Date
Printed Name		