

**Durham Technical Community College  
Purchase Card Request**

**Instructions:** Please complete the required fields and submit both forms to [PCard@durhamtech.edu](mailto:PCard@durhamtech.edu). PCard training must be completed in order to fully obtain access, and it is mandatory to participate in additional yearly training.

Accountholder Legal Name \_\_\_\_\_

College ID# \_\_\_\_\_

Email Address \_\_\_\_\_

Department \_\_\_\_\_

Requested Credit Limit \_\_\_\_\_

Justification: Please provide an explanation for PCard issuance and usage.

Immediate Supervisor Name \_\_\_\_\_

Immediate Supervisor Signature \_\_\_\_\_

Date \_\_\_\_\_

***VP Signature Required for Direct Reports Only***

VP Name \_\_\_\_\_

VP Signature \_\_\_\_\_

Date \_\_\_\_\_

## Purchase Card Accountholder Agreement

I, \_\_\_\_\_ hereby request a Visa Procurement Card. As an account holder for Durham Technical Community College, I agree to comply with the following terms and conditions regarding my use of the visa card.

1. I understand that I am being entrusted with a valuable tool, a State of North Carolina Visa Procurement Card. I will strive to obtain the best value for Durham Tech when making financial commitments on purchases.
2. I understand that Durham Tech is liable to Bank of America for all charges made on my P-card. I further understand that I am liable for any misuse and/or abuse of funds on my card. I will immediately notify the Business Office of any erroneous use so that an invoice can be created for refunding the account.
3. I agree that I am the only person authorized to make purchases using my PCard. Giving the card or account number to another person to make a purchase is NOT advised. I am solely responsible for anything that happens on this card.
4. I will submit all required receipts and sign off on all transactions within the required deadlines presented by the Business Office.
5. I will follow the established policies and procedures for the use of my PCard. Failure to do so may result in either revocation of the card privileges (i.e. suspension, lower credit limit, or card termination).
6. If my PCard is lost or stolen, I agree to immediately contact the Business Office to have my card closed and a new card issued.
7. I agree to return my PCard upon notice of termination of employment (including retirement) with the college.

By signing, I expressly acknowledge and agree to comply with all laws, codes, regulations, rules, requirements and Durham Tech's policies that are applicable to purchases and PCard use.

Accountholder Signature \_\_\_\_\_ Date \_\_\_\_\_