



DEPARTMENT Card (DCARD) Agreement Form

Date: _____

Individual Cardholder Name (Print) _____

Department Name _____ Management Center/Division _____

Cardholder Campus Address _____
Room No. _____ Building _____ Location Code _____

Cardholder Campus Telephone Number _____ E-mail Address _____

Speedtype for all transactions _____
OPR Speedtype _____ CWRU Network ID _____

The DCard may only be used for departmental event support planning. The "Departmental" Card (**DCard**) will be assigned to the appropriate person within the unit and will allow for food, retail and related purchases exclusively in support of department events. Travel related expenses are not be permitted on these cards. **DCards** will be subject to frequent audit as well as increased controls and reporting requirements.

The following are examples of actions that violate PCard (and therefore DCard) policies and procedures and may result in disciplinary action:

- Purchase of items for personal use
- Purchase of items defined in restrictions and limitations for the DCard
- Purchase of restricted items or services from merchants excluded from valid DCard merchant categories
- Use of the DCard for purchases of more than the single transaction limit established for your card by splitting the purchase into more than one transaction
- Failure to return the DCard when reassigned, terminated or upon request
- Failure to obtain packing slips and receipts on every purchase and turning them in to your departmental administrator or their designee for the purpose of establishing and maintaining files for accountable reconciliation procures
- Using the DCard for travel and entertainment items or services (Determined by Division or School)

Your monthly dollar limit coincides with the billing cycle which begins on the 26th day of the month until the 25th day of the next month. Accounts must be edited on-line on a 24-hour/7-day time period during the current activity cycle period. Account edits must be made during current activity cycle no later than midnight (Eastern Time) of the 25th day of each month.

Department Approver Name (Print)

Department Approver Name (Signature)

Telephone Number

Email Address

Department Administrator Name (Print)

Department Administrator Name (Signature)

Telephone Number

Email Address

All detailed original receipts must be reconciled with the statement information and retained in the department for audit purposes for seven (7) years).



It is the cardholder's responsibility to follow-up on any erroneous charges (disputes), returns or adjustments and to ensure proper credit is given on subsequent statements.

- As the department cardholder of the Case DCard Program, I accept the responsibility for protection and proper use of the DCard as described and outlined in the DCard program policies listed above and in the supplemental DCard program user's guide.
- I understand that the university is liable to JP Morgan Chase for all charges I make using the DCard. I understand that the DCard may be used only for authorized departmental event expenditures and no personal expenses will be charged to the card.
- I understand that the university may terminate my department's right to use the DCard issued at any time for any reason.
- I am receiving the DCard issued on behalf of Case Western Reserve University. I agree to accept responsibility for the protection and proper use of this DCard. I have read and understand, and agree to comply with all policies and procedures governing the DCard program. I understand that failure to do so may result in corrective action up to and including termination of employment and/or possible criminal charges.

Cardholder Name (Print)

Cardholder Name (Signature)

Date

As the Budget Director of the Management Center/Department, the required internal control structure and account reconciliation procedures as outlined in the Pcard policies and user's guide are in place. I further authorize the below listed individual as the "Department Reconciler" for the use of this card. This person is responsible for the monthly reconciliation of the DCard and is not the primary user of the DCard for my Department.

Name

Email Address

Phone

Department

Budget Director (Print)

Budget Director (Signature)

Date

As Dean, Chairperson, or Vice President, I approve the issuance of the Case DCard to this individual.

Name (Print)

Name (Signature)

Date

Title

As Vice President of Campus Services , I approve the issuance of the Case DCard to this individual.

Name (Print)

Name (Signature)

Date

Title