

PEPPERDINE UNIVERSITY

UNIVERSITY CREDIT CARD APPLICATION

Financials Access is required prior to Credit Card Application processing.

New Card

Update Existing Reason for Update _____

Employee Information (All fields are required for both new cards and updates)

Name (Last, First, MI) _____		Campus-Wide ID _____	
Social Security # (last 4) _____		Home Phone _____ Extension _____	
Department: _____		Campus _____	
University E-Mail Address _____		Mail Code _____	
Work Address _____			
City _____		State _____	Zip _____

Cardholder Authorization Parameters

Monthly Cycle Limit \$ _____
Single Transaction Limit for Non-Travel related purchases \$ _____

Default Accounting Codes

(* Indicates required fields ** Indicates required field for schools)

Business Unit	*Fund	*Dept	Account	
*Class	**Program	Product	Project	Operating Unit

I approve the above named individual's request for use of a University Credit Card. I understand my responsibilities, as approving manager, as outlined in the University Credit Card Policies and Procedures. I or my named delegate will assume the responsibility for approval of the University Credit card activity.

Supervisor (Signature) *Print Name* *Date* *Extension*

Major Area Budget Manager (Signature) *Print Name* *Date* *Extension*

Vice President (Signature) *Print Name* *Date* *Extension*

CFO (Signature) *Print Name* *Date* *Extension*

***Please note that the employee's signature is required on the next page.**

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UNIVERSITY CREDIT CARD TERMS AND CONDITIONS

Participation in the University Credit Card program is considered a privilege and convenience to your employer that carries responsibilities. Inappropriate use of the card may result in the loss of the privilege. The card is issued in your name, however is considered University property and should be used with good judgment.

The card is to be used solely for business expenses and has been approved for your use only. You are accountable for all charges and may become personally liable for unauthorized or prohibited transactions. **No personal charges on the card are allowed.**

Always retain the itemized receipt to be used as supporting documentation when submitting your University Credit Card substantiation.

Cardholders are expected to comply with internal control procedures in order to protect University assets. This includes, **by the last day of each month**, your on-line reallocation of transactions made with your University Credit Card. You are also responsible for resolving any discrepancies found on your statement by contacting US Bank. Your credit card substantiation needs to be approved no later than 60 days from your statement date.

University Credit Card expenses must be substantiated within sixty (60) days from the statement date. University Credit Card travel and entertainment expenses not substantiated within one hundred twenty (120) days, from the statement date, will be processed as a taxable income.

After three (3) occurrences of delinquent substantiations, the privilege of participating in the University Credit Card program will be suspended for one year. If subsequently reinstated, any additional delinquent substantiation will result in loss of this privilege.

Your signature below signifies that you agree to adhere to the terms and conditions set forth in this agreement for the duration of being a University cardholder. I acknowledge that a University credit card is being requested for me and that the forgoing information is true and correct.

Employee (Signature)

Print Name

Date

Internal Use Only:

Request Entered By (Initial) _____ Card # _____ PS Date _____ US Bank Date _____

Return Completed Form to the Accounts Payable Office - Mail Code 4721