

Harvard University Purchasing Card Application

Last Revised: 17 September 2024

To be completed by the applicant and signed by the applicant and the Tub/Unit Card Program Administrator. Please do not submit a handwritten application. Incomplete applications cannot be processed.

Applicant Information:

First Name	
Middle Initial	
Last Name	
HUID (first 8 digits)	
School/Department	
Delivery Address Line 1 (Number and Street)	
Delivery Address Line 2 (optional)	
City	
State	
Zip Code	
Mobile Phone Number	
Harvard Phone Number*	
Email Address	

* Please provide a direct number, not a general department number.

33-Digit Default General Ledger Number (cannot be a sponsored fund):

Tub:	Org:	Object:	Fund:	Activity:	Sub-Activity:	Root:

Cardholder Agreement:

I, the applicant listed above, request a Harvard University Purchasing Card (PCard), and agree to use the PCard solely for valid Harvard business expenses. I agree to the following:

1. I confirm that, prior to my submission of this form, I completed the [PCard Overview](#) and [ROPPA](#) online trainings and read the [University Card Policy](#) and the [Citibank Cardholder Account Agreement](#). I understand that, as a cardholder, I will be responsible for the timely and complete submission of my monthly expenses. I hereby agree to comply with the terms and conditions of this Agreement, the [Citibank Cardholder Account Agreement](#), [ROPPA](#), the [University Card Policy](#), and other applicable [Financial Policies](#).
2. As a cardholder, I will be responsible for the protection and proper use of the card as outlined in this agreement and the [University Card Policy](#). I will ensure that the card will not be used by someone other than myself. I will not use the card to make personal or non-work-related purchases. I will immediately report any loss or theft of the card to Citibank and my Tub/Unit Card Program Administrator. I understand that Harvard will audit the use of the card. I will not use the card for prohibited purchases as listed in the [University Card Policy](#).
3. I understand that, in the event of inappropriate use of the card, I am required to make full reimbursement to Harvard for the amount inappropriately charged, and I may be subject to disciplinary action up to and including termination of employment. If I fail to fully reimburse the required amount, Harvard may seek to recover the amount, even if I am no longer employed by Harvard. Harvard may initiate appropriate legal proceedings to recover amounts owed by me, which may include reasonable legal fees incurred by Harvard in

such proceedings.

4. Harvard may terminate my right to use the card at any time for any reason. I will return the card to Harvard immediately upon Harvard's request and in any event upon the termination of my employment for any reason.

Applicant Signature:

Applicant's Signature	
Application Date	

All below sections are to be completed by the applicant's Supervisor and the Tub/Unit Card Administrator (note: card limits of \$50,000 require Financial Dean or Designee approval):

Card Monthly Limit (select one):

\$5,000 \$10,000 \$20,000 \$30,000 \$50,000

Single Purchase Limit (select one):

\$500 \$1,000 \$1,500 \$2,500 \$5,000

Signatures/Approvals (all fields required):

Supervisor's Name	
Supervisor's Signature	
Supervisor's Approval Date	
Supervisor's Phone Number	
Tub/Unit Card Program Administrator's Name	
Tub/Unit Card Program Administrator's Signature	
Tub/Unit Card Program Administrator's Approval Date	
Tub/Unit Card Program Administrator's Phone Number	
<i>If applicable:</i>	
Financial Dean or Designee Name	
Financial Dean or Designee Signature	
Financial Dean or Designee Approval Date	

Submit completed forms to your [Tub/Unit Card Administrator](#).

Additional Information for Cardholders:

[Citibank Information and Access](#)

[Concur PCard Training](#)

[Concur Systems Access](#)

[PCard At a Glance](#)

[Purchasing Card \(PCard\) webpage](#) – includes information about obtaining your card, managing your card, policies, and FAQs.

[University-Issued Card Policy](#)

Authorized Requestors:

[Financial Authorized Requestors](#) must also complete and submit a [Concur Access Form](#) for contingent workers who qualify for a PCard. Access to Concur must be reviewed and renewed on an annual basis.