DECLINING BALANCE CARD APPLICATION

LEAD TIME IS APPROX 4 WEEKS TO GET CARD

Name:				
Department:				
Division:				
Campus Address				
Campus Phone:	Secondary Phone:			
Email:				
G Number:	Date of Birth			
Signature:				
Date:				
	infrequent travel needs and in place of cash advances. Please describe your ovide the duration, number of students involved, and the purpose of travel.			
Number of Students Involved:				
Purpose of Travel:				
Study Abroad Location: (Information needed to inform bank of international travel)				
CARD TYPE				
One Time Card	Recurring Use Card			
Card Limit: \$	Card Limit: \$			
Purpose for recurring use card versus obtaining a	n Expense Card:			
APPROVAL SIGNA	TURES (please sign and print names)			
may require that the signature on the card match purposes only and is to be used in a responsible	use of this card. Delegation of authority is not permitted. Merchants the signature on the receipt. The card is to be used for business manner. I understand that this card must be used in compliance with alcohol or personal meals. I understand that it is my responsibility to the month.			
Supervisor	Date:			
Appointing Officer:	(print) Date:			
(sign)	(print)			

All electronic signatures must have the Adobe signature watermark

Obtain signatures and return application to Tonya Valencia, Procurement Services, 2015 or perezva@gvsu.edu



DECLINING BALANCE CARD AGREEMENT

Name	Card Type:Individual _ Department
Department	Campus Phone
Campus Address	

Grand Valley State University has entered into an agreement with the above named person to provide a Declining Balance Card to purchase goods and services. The policies contained in this agreement must be followed by Cardholder as guidelines for conducting University business. Non-compliance with any of the Declining Balance Card policies and procedures will result in revocation of Cardholder privileges and/or other appropriate action, including possible disciplinary action.

Declining Balance cards are issued at the discretion of the Appointing Officer/Dean to designated faculty/staff. The Declining Balance card remains the property of Fifth Third Bank. The card may not be transferred to, assigned to or used by anyone other than the designated Cardholder. Fifth Third Bank or the University may suspend or cancel Cardholder privileges at any time for any reason.

THE CARD IS FOR BUSINESS USE ONLY; CARDHOLDER MAY NOT MAKE PERSONAL PURCHASES AND THEN REIMBURSE THE UNIVERSITY.

It is the Cardholder's responsibility to obtain original receipts and other documentation from the merchant for each Declining Balance card transaction. These receipts must show line item detail when available. The business purpose must be stated for each transaction and attendees listed for restaurant and entertainment expenses. The Cardholder is responsible to follow-up on any erroneous charges, returns, or adjustments and to ensure proper credit is given on subsequent statements.

If the Declining Balance card is lost or stolen, the Cardholder must notify Fifth Third Bank or Mastercard immediately and the GVSU Program Administrator.

As holder of this Declining Balance Card, I agree to accept the responsibility for the protection and proper use of this credit card as stated above. I have been given a copy of the Card Program Policies and Procedures and understand the requirements for use of the credit card. I agree that Grand Valley State University may recover the outstanding amount of transactions that are missing receipt documentation via payroll deduction.

Signature:		
Cardholder	Date	
Electronic signatures must be done via Adobe and have the watermark and date stamp.		