

**UNIVERSITY OF TORONTO  
PURCHASING CHARGE CARD REQUEST FORM & ACKNOWLEDGEMENT OF  
RESPONSIBILITIES & OBLIGATIONS**

YOU MAY FILL THIS FORM ONLINE

Last Name \_\_\_\_\_ Given Name \_\_\_\_\_ Initials \_\_\_\_\_

Department \_\_\_\_\_ Faculty \_\_\_\_\_  
(Do not use acronyms)

Mailing Address \_\_\_\_\_ Room No. \_\_\_\_\_ Phone# \_\_\_\_\_  
(Must enter dept's. street name & number)

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_ E-mail \_\_\_\_\_

**DEFAULT INFORMATION - Please fill out entire default account. Add zeros to non-existing accounts.**

G/L Account	Cost Center	Fund Center	Fund	Internal Order
(leave zero in front when there are only five digits)				

\_\_\_\_\_  
**Fund Expiry Date**

\_\_\_\_\_  
**Transaction Limit**  
(Note: cannot exceed \$5,000)

\_\_\_\_\_  
**Monthly Limit**  
(Please fill out)

**Acknowledgement of Responsibilities & Obligations for the Use of the Bank of Montreal  
MasterCard Purchasing Card**

I, \_\_\_\_\_, hereby apply for the Bank of Montreal MasterCard Purchasing Card (the "Card") to be issued by the Bank of Montreal. I acknowledge that this Card will be issued to me to make purchases in the course of my regular duties in connection with the university, and I will not use the Card to make any personal purchases. I fully understand that purchases made using this Card are to be authorized by a departmental manager with expenditure initiation authority, in accordance with the usual department procedures.

I acknowledge that I have read and agree to the terms and conditions of the Corporate Purchasing Card Cardholder Agreement (the "Cardholder Agreement") regarding my acceptance of this Card, and that I will not follow any policies or procedures that contradict, limit or vary the terms and conditions set out in the Cardholder Agreement. I confirm my agreement to the said terms and conditions by signing below and by retaining and using the Card.

I shall undertake to protect the Card and the card account number and realize that it is for my use only, not to be divulged to any other person (except a merchant with whom I am transacting on behalf of the university) without the written permission of the Departmental Card Coordinator. Should the Card be lost, stolen or suspended or compromised in any manner, I shall advise Bank of Montreal and the Card Program Administrator immediately.

Furthermore, I understand that this Card is the property of the Bank of Montreal, provided to me on behalf of the university and that in the event of willful or negligent default of these obligations, the Bank of Montreal and the university shall take recovery action, deemed appropriate, that is permitted by law. I agree to return this Card upon request of the Card Program Administrator.

Authorization Signatures	Print Name	Phone #	Date
Cardholder			
Departmental Card Coordinator			
Campus Card Coordinator			
Departmental Head			