

BATES COLLEGE
DEPARTMENT CHARGE CARD
Application and Agreement

Section A - Employee Information (please print)

First Name	Middle Initial	Last Name	
Statement Address			Country of Citizenship
City	State	ZIP Code	E-mail
Work Telephone	Home Telephone (Optional)	Cell Phone (Optional)	
Employee Department	Employee Fund/Org (default)	Employee ID Number *	Mother's Maiden Name/Password *

* Information used for telephone assistance.

Section B - Employee Agreement/Signature

I understand and agree that a department charge card will be issued to me and that such card must be used in accordance with the College Travel and Expense Policy. I understand that this card is to be used for College business expenses only and that I am responsible and liable for all expenses charged to the card. I agree to work directly with J.P. Morgan to resolve billing disputes. I understand that if the card is used for unauthorized charges, a Payroll Advance may be required and my card may be cancelled in accordance with the "Non-Compliance" section of the Travel and Expense Policy. I agree to surrender the card upon request by the College, my termination of employment, or as requested for failure to submit my receipts and complete the online approval process timely.

Employee Applicant Signature

Date

Section C - Supervisor Authorization / Monthly Charge Limit Requested (circle one)

\$5,000

\$7,500

\$10,000

\$15,000

\$25,000

Other _____

Supervisor Signature

Date

Name of Electronic Approver (if applicable)

Dean/Vice President Signature
(for charge limits of \$10,000 or more)

Date

For Office Use Only - Do Not Complete

Date Application Received	Date Charge Card Requested
Signature of Employee Receiving Card	Date Card Received by Employee
Date Card Returned	Date Account Closed