

**Complete Department Custodian Information (Please Print)**

_____		_____
Card Custodian Name (as shown on file with HR)		Division / Department
_____	_____	_____
EMPLID	Password	Building / Room/ Location Code or Mail Stop
_____	_____	_____
Date of Birth	Custodian's Network ID	Custodian's Email address (first.last@case.edu)
_____		_____
Campus Telephone Number		Default Speedtype (Must be an OPR)

**DCard Guidelines for Use and Compliance**

The DCard may only be used for departmental event support planning. The "Departmental" Card (**DCard**) will be assigned to the appropriate person within the unit and will allow for food, retail and related purchases exclusively in support of department events. Travel related expenses are not be permitted on these cards. **DCards** will be subject to frequent audit as well as increased controls and reporting requirements.

The following are examples of actions that violate Dcard (and therefore DCard) policies and procedures and may result in disciplinary action:

- Purchase of items for personal use
- Purchase of items defined in restrictions and limitations for the DCard
- Purchase of restricted items or services from merchants excluded from valid DCard merchant categories
- Use of the DCard for purchases of more than the single transaction limit established for your card by splitting the purchase into more than one transaction
- Failure to return the DCard when reassigned, terminated or upon request
- Failure to obtain packing slips and receipts on every purchase and turning them in to your departmental administrator or their designee for the purpose of establishing and maintaining files for accountable reconciliation procures
- Using the DCard for travel and entertainment items or services (Determined by Division or School)

Your monthly dollar limit coincides with the billing cycle which begins on the 26<sup>th</sup> day of the month until the 25<sup>th</sup> day of the next month. Accounts must be edited on-line on a 24-hour/7-day time period during the current activity cycle period. Account edits must be made during current activity cycle no later than midnight (Eastern Time) of the 25<sup>th</sup> day of each month.

**Note:**

**Complete the following information if the Department Administrator or the designee will be editing your account. All detailed original receipts must be reconciled with the statement information and retained in the department for audit purposes for seven (7) years). All receipts must be reconciled with the statement information and retained in the department for audit purposes.**

_____	_____
Department Administrator Name (Print)	Department Administrator Name (Signature)
_____	_____
Telephone Number	Email Address
_____	_____
Department Administrator Name (Print)	Department Administrator Name (Signature)
_____	_____
Telephone Number	Email Address

**Custodian Responsibilities**

It is the cardholder's responsibility to follow-up on any erroneous charges (disputes), returns or adjustments and to ensure proper credit is given on subsequent statements.

- As an individual cardholder of the Case Dcard Program, I accept the responsibility for protection and proper use of the Dcard as described and outlined in the Dcard program policies listed above and in the supplemental Dcard program user's guide.
- I understand that the university is liable to JP Morgan Chase for all charges I make using the Dcard. I understand that the Dcard may be used only for authorized expenditures and no personal expenses will be charged to the card. In addition, I understand that my Dcard or Dcard account number is not to be given to any other individual.
- I understand that the university may terminate my right to use the Dcard issued in my name at any time for any reason. I agree to surrender the Dcard immediately upon request, upon transfer to another university department or upon termination of employment.
- I understand that it is my responsibility to notify the program administrator by email with 24 hours of my employment termination from the university. The notification email address is [caseDcard@case.edu](mailto:caseDcard@case.edu). If Case's program administrator is not notified of my termination from the university, I will be personally responsible for all charges to the Dcard that are initiated after my termination date.
- I am receiving the Dcard issued on behalf of Case Western Reserve University. I agree to accept responsibility for the protection and proper use of this Dcard. I have read and understand, and agree to comply with all policies and procedures governing the Dcard program. I understand that failure to do so may result in corrective action up to and including termination of employment and/or possible criminal charges.

\_\_\_\_\_ Cardholder Name (Print)                      \_\_\_\_\_ Cardholder Name (Signature)                      \_\_\_\_\_ Date

**As the Budget Director of the Management Center/Department, the required internal control structure and account reconciliation procedures as outlined in the DCard policies and user's guide are in place.**

\_\_\_\_\_ Budget Director (Print)                      \_\_\_\_\_ Budget Director (Signature)                      \_\_\_\_\_ Date

**As Dean, Chairperson, or Vice President I approve the issuance of the Case DCard to this individual.**

\_\_\_\_\_ Name (Print)                      \_\_\_\_\_ Name (Signature)                      \_\_\_\_\_ Date

**PROCESSING INFORMATION – OFFICE USE ONLY**

Date Received \_\_\_\_\_                     
  Card Created \_\_\_\_\_                     
  Email \_\_\_\_\_  
 Training \_\_\_\_\_                     
  Card Activated \_\_\_\_\_                     
  Card Deactivated \_\_\_\_\_  
 Administrator Added \_\_\_\_\_                     
 \_\_\_\_\_ Logon ID                     
 \_\_\_\_\_ Card number (3 digits)