

**AUTHORIZED REVIEWER FORM**  
(For use with Account Maintenance Form)

|   | CARDHOLDER | DATE ASSIGNED | CREDIT LIMIT | PREVIOUS REVIEWER (IF APPLICABLE) |
|---|------------|---------------|--------------|-----------------------------------|
| 1 |            |               |              |                                   |

**Authorized Reviewer Information: Person authorized to approve transaction log and Visa Statement.**

1. I certify that the cardholder listed on this form is under my supervision or I am the business manager.
2. If the card is lost or stolen, or if the cardholder leaves employment within the Department/Unit for any reason (including retirement) I agree to immediately (within 48 Hours) notify the Purchasing Card Program Administrator.
3. I agree to review the cardholders' credit card statement each month and to verify that the charges made are appropriate charges for the unit, that the charges are for the benefit of the State of Maryland and are not personal purchases. I will also verify that all purchases have been made in accordance with applicable laws and regulations, including, but not limited to, University System of Maryland Procurement Policies and Procedures, the State of Maryland *Corporate Purchasing Card Program Policy and Procedures*, and UMB Corporate Purchasing Card Program User's Guide available at [www.umaryland/procurement.edu](http://www.umaryland/procurement.edu). **I understand that my failure to follow established procedures may result in disciplinary actions against me, including reimbursement of unauthorized purchases, loss of leave time, suspension and/or termination of employment, fine, and/or criminal prosecution.**

**Authorized Reviewer Name:** \_\_\_\_\_  
(Must be cardholder's immediate supervisor or business manager)

**Authorized Reviewer Signature:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**EmpID:** \_\_\_\_\_

**Dept. Name:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Delegate (must attend class if "yes"): Choose one:**