



MARTIN O'MALLEY
GOVERNOR
COMMANDER IN CHIEF

STATE OF MARYLAND
MILITARY DEPARTMENT
FIFTH REGIMENT ARMORY
BALTIMORE, MARYLAND 21201-2268

JAMES A. ADKINS
MAJOR GENERAL
THE ADJUTANT GENERAL

MEMORANDUM

Date: July 28, 2011

From: John S. Nickerson, Director of Finance & Administration *JMN 7/28/11*

To: State Program Managers: BG (R) Jimenez-HQ, BG Solomon-Air Ops, Trescott-Army Ops/Installations, Young-Challenge, and Villanueva-Honor Guard

Subject: **Improvement of Fiscal Accountability for State Credit Card Activity**

The MMD is revamping its accountability procedures for State's credit cards. Effective immediately, the following will be implemented regarding use of all State Purchasing Cards (CPC):

1. Each State Program Manager must submit a credit card application package to the State Finance Office (Attn: Joe Hambrick) for re-approval of all active credit cards by COB 28 August 2011. It is imperative that a full assessment be made prior to undertaking the steps below to ensure the proper and adequate number of credit cards are in use for the MMD mission.
2. The following documents must be included in the credit card application package:
 - a. Memorandum from State Program Managers with proper justification documenting the need for the credit card/s by position/name and the requested maximum \$ amount of purchasing authority for individual transactions not to exceed \$2,500 and monthly purchases not to exceed \$10,000.
 - b. Upon approval, a CPC Cardholder Agreement signed by authorized employee/holder and written verification by the State Program Manager acknowledging the cardholder's duties and responsibilities – see attachment #1.
 - c. CPC Cardholder-Manager Agreement signed by the Cardholder's Manager and the State Program Manager acknowledging the Cardholder Manager's duties and responsibilities – see attachment #2.
3. Each State Program Manager must review and update the attached CPC Authority spreadsheet with any recommended changes for their respective areas-see attachment #3.
4. Any credit card packages submitted without properly approved purchase requisitions will result in the termination of credit card purchasing authority.

I have read this memorandum and agree to comply with all of its provisions:

Printed Full Name Title

Signature Date

**EXHIBIT A:
STATE OF MARYLAND
CORPORATE PURCHASING CARD PROGRAM CARDHOLDER AGREEMENT**

I, (INSERT EMPLOYEE NAME), hereby request a Corporate Purchasing Card. As a cardholder, I agree to comply with the following terms and conditions related to the use of the card:

1. I understand that I am being delegated the authority to purchase supplies and services on behalf of the **Maryland Military Department**, using the State of Maryland Corporate Purchasing Card.
2. I agree that this card will be used for approved purchases only and, further, that I will not charge any personal purchases to this card. All purchases must be made in accordance with applicable laws, Code of Maryland Regulations (COMAR) or USM Policies and Procedures, and the State of Maryland Corporate Purchasing Card Program Policy and Procedures Manual. I understand that my failure to follow established procedures may result in disciplinary actions against me, including loss of leave time, suspension and/or termination of employment, fine, and/or criminal prosecution.
3. I agree to return the card immediately upon suspension and/or termination (including retirement) or upon reassignment to another Agency or cost center. Also, I agree to return the card immediately upon request of my supervisor and that disciplinary actions referred to in paragraph 2 would also apply for failure to do so.
4. If the card is lost or stolen, I agree to immediately notify Bank of America and the Purchasing Card Program Administrator.

STATEMENT OF COMPLIANCE

I certify that I shall purchase supplies or services in accordance with applicable COMAR or USM Policies and Procedures, State laws and State of Maryland Corporate Procurement Card policy and procedures. I certify that, to the best of my knowledge and belief, all of my statements are true, correct, complete, and made in good faith, and subject to applicable COMAR or USM Policies and Procedures, State laws and State of Maryland Corporate Procurement Card policy and procedures. I further acknowledge and certify that I shall be personally responsible for any unauthorized Corporate Procurement Card purchase. I hereby authorize the State to deduct from my payroll check and from any other payments to me the amount of such unauthorized purchases made on the Corporate Purchasing Card issued to me.

Employee's Signature/Date Agency and Cost Center

Employee's Social Security Number Agency Address

Manager's Signature/Date Agency Fiscal Officer's Signature/Date

Procurement Card Program Administrator's
Signature/Date

