

Transfer of Responsibility for Credit Cards
Cost Center/Project Manager
Agency Code: 746

I, _____, as the new cost center/project manager for the UTRGV MasterCard Credit Card(s) listed below agree to assume responsibility as detailed in the Credit Card Program Manual.

I acknowledge receipt of the Credit Card Program Manual, and Handbook of Operating Procedures, ADM 10-410. I confirm that I have read and fully understand the terms and conditions of each.

MASTERCARD CREDIT CARD #	COST CENTER/PROJECT #	CARDHOLDER NAME
XXXX-XXXX-XX		
XXXX-XXXX-XX		
XXXX-XXXX-XX		
XXXX-XXXX-XX		
XXXX-XXXX-XX		
XXXX-XXXX-XX		
XXXX-XXXX-XX		
XXXX-XXXX-XX		

COST CENTER/PROJECT MANAGER

First Name: _____ MI: _____

Last Name: _____

UTRGV Email: _____

Phone: _____ EID: _____

Department: _____

Campus Address: _____

1. _____
Cost Center Manager's Signature Printed Name Date

Credit Card Program Use Only	
Cardholder Training Completion Date _____ Date	Approved Denied _____ Date Initials