

STEVENSON

UNIVERSITY

PROCUREMENT CARD PROGRAM Cardholder Application and Agreement

As a recipient of the Stevenson University Procurement Card, I agree to the following terms and conditions:

1. The Procurement Card is provided to an individual based on their need to purchase business-related goods and services. I understand that my Procurement Card may be revoked at any time due to change of assignment, transfer of departments or upon termination from Stevenson University. The card is not an entitlement nor reflective of title or position.
2. The Procurement Card is for business-related purchases only. I understand that personal charges are **not** to be made to the card under any circumstances. I understand that improper use of the card can be considered misappropriation of University funds, which may result in disciplinary action, up to and including termination. I understand that I am the only person entitled to use my procurement card and am responsible for all charges made against this card.
3. In order to protect the University's assets, I understand that I am responsible for complying with internal control procedures in accordance with Procurement Card program policies. This includes the submission of proper receipts and supporting documentation according to established deadlines, reconciling monthly cardholder statements promptly, and following proper credit card security procedures. I understand that all card activity will be audited by the Procurement Card Administrator.
4. I am responsible for ensuring both the card and card number are protected from theft or loss. I will immediately notify the Card Provider and Procurement Card Administrator of any loss or improper use of my card or card number.
5. I will surrender the Procurement Card to the University's Procurement Card Administrator or my Approving Budget Officer upon demand or upon my termination of employment with the University.

To be completed by Cardholder:

_____	_____	_____
Cardholder Signature	Printed Name	Date
_____	_____	_____
Email Address	Campus Extension	Employee ID#

To be completed by Budget Officer:

<p>I certify that I will monitor and review the purchases made by this cardholder in accordance with Procurement Card policies and procedures. I understand that it is my responsibility to determine if this cardholder is using the card responsibly in accordance with all Stevenson University policies, and to immediately contact the Procurement Card Administrator in the event that cardholder usage does not meet the requirements of these policies.</p>		
<p>Cardholder Single Purchase Limit: _____</p>		
<p>Cardholder Monthly Limit: _____</p>		
<p>Default Budget Number: _____</p>		
_____	_____	_____
Approving Budget Officer Signature	Printed Name	Date

SUBMIT COMPLETED FORM TO THE PROCUREMENT CARD ADMINISTRATOR IN THE BUSINESS OFFICE