

# Purchasing Agreement to use the Athletics Departmental UMW Finance Card

(This agreement MUST be completed by the Card user in the presence of the Card issuer.)

I, \_\_\_\_\_, acknowledge ownership of a UMW Finance Card with the name "Athletics" on the card. As a Card user, I agree to comply with the following terms and conditions regarding my use of the Card.

1. I understand that I am being entrusted with a valuable tool which I will use to obtain **official UMW Athletics business ONLY** and will be making financial commitments on behalf of UMW. I will strive to obtain the best value for UMW. I understand that it is MY responsibility to review and understand TRAVEL regulations at <http://www.umw.edu/ap/> and/or Business Meal regulations at <http://www.umw.edu/ap/businessmeals/default.php> regulations before using the Card.
2. I understand that **I am responsible** for submitting the following to the Athletics Office Manager IMMEDIATELY upon completing the duties that caused me to check out the Card:
  - The UMW Finance Card.
  - DETAILED, ITEMIZED receipts for every transaction charged on the Card during the time I have the Card checked out.
  - Any other required forms or documents, such as the Business Meal Form or the Request for Travel Form.

If I fail to follow these procedures, I understand that my privilege of using this card in the future can be revoked without alternative purchasing mechanisms, including cash advances. **INITIAL HERE** \_\_\_\_\_

3. I understand that **I am personally liable** for all authorized charges made on the Card during the period I have the Card checked out. I agree to use this Card for official UMW business ONLY and agree NOT to charge personal purchases for any reason. I understand that the Athletics Office Manager and the UMW Accounts Payable staff will review (on-line) every transaction/charge made using this Card. If the Card has inappropriate expenditures during the time I had the Card in my possession, I agree to go immediately to the Cashiers Office and pay back the inappropriate expenses. I agree to allow **UMW to seek repayment through the Comptroller's Debt Setoff program with the State of Virginia** if I refuse or fail to repay UMW for the inappropriate expense.

**SIGN HERE** \_\_\_\_\_

4. I will follow the established procedures for the use of the Card. Failure to do so may result in either revocation of my privileges or other disciplinary actions.
6. If the Card is lost or stolen, I agree to notify the Bank of America, the Athletics Office Manger and the UMW Program Administrator (Accounts Payable) immediately.
7. I agree NOT to send the entire 16 digit account number via email (including attachments), regular mail, or fax or to photocopy the Card for any reason in order to keep the Card number as secure as possible.
8. I agree to hold the Card in a secure location so that no one else can access the Card, and I agree to not share the card number or other pertinent card information with anyone other than a vendor with whom I am doing business.

\_\_\_\_\_  
\*UMW Athletics representative Signature      Print Name      FULL social security number      Date

\*Signature is invalid unless signed in the presence of the Card issuer. The person who signs here is the one who picks up the Card and is the only person allowed to use the Card. You may be asked to show identification.

\_\_\_\_\_  
FUND      ORG      ACCOUNT      PROGRAM      ACTIVITY (optional)

### This section Office Manager Use ONLY

Last 4 digits of Card Number \_\_\_\_\_

\_\_\_\_\_  
Office Manager's Signature/Date  
Date/time card checked out \_\_\_\_\_

\_\_\_\_\_  
Office Manger's Signature/Date  
Date/time card returned \_\_\_\_\_

NOTE ANY PROBLEMS: