UMW Finance Card Purchasing Agreement

(This agreement MUST be completed by the Card user EACH time the Card is checked out.)

I, _____, acknowledge ownership of a UMW Finance Card with the name "UMW Finance" 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 Business purchases ONLY*** *(Business Meals, UMW travel-related, and 8 Fund expenditures)* 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 http://www.umw.edu/ap/ and/or Business Meal regulations http://www.umw.edu/ap/businessmeals/default.php before using the Card.

2. I agree to return the Card AND all DETAILED, ITEMIZED receipts to the Cashier IMMEDIATELY upon completing the duties that caused me to check out this Card. 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 UMW Cashier 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 which I had it signed out, **I agree to allow UMW to follow Payroll regulations to withhold the funds from my paycheck** 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 revocation of my privileges or other disciplinary actions, up to and including termination of employment.

5. If the Card is lost or stolen, I agree to IMMEDIATELY notify the Bank of America, the UMW Cashier and the UMW Program Administrator (Accounts Payable).

6. 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 my Card number as secure as possible.

7. 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**, the Card number or other pertinent Card information with anyone other than a vendor with whom I am doing business.

_____

*Employee Signature Print Name Last 4 digits of social security number Date

***Signature is invalid unless signed in the presence of the Cashier. The person who signs here is the one who picks up the Card from the Cashier 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 Cashier Use ONLY

Last 4 digits of Card Number_____

_____ _____

Cashier's Signature/Date Cashier's Signature/Date

Date/time card checked out_____ Date/time card returned_____

NOTE ANY PROBLEMS: