UMW Finance Card for Residence Life 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 "Residence Life" 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 Residence Life 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 , and/or UMW procurement regulations before using the card.

2. I understand that **I am responsible** for submitting the following to the Residence Life 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 Residence Life 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 allow UMW to add the expense to my Student Account** 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 UMW Residence Life 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.

_____

*Student Signature Print Name Last 4 digits of 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 Office Manger's Signature/Date

Date/time card checked out_____ Date/time card returned_____

NOTE ANY PROBLEMS: