

**UMW Finance VISA Card with Employee Name for Study Abroad  
ANNUAL Employee Agreement**

I, \_\_\_\_\_, acknowledge ownership of a UMW Finance Card with my name on the card. As a Cardholder, 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 Study Abroad business purchases ONLY** for my study abroad program and will be making **financial commitments on behalf of UMW** and will strive to obtain the best value for UMW.
2. I understand that **I am responsible** for:
  - Submitting detailed, itemized receipts IN DATE ORDER (earliest date to latest date) for EACH transaction that is on the Card.
  - Submitting all ATM or cash withdrawal receipts ALONG WITH receipts that show how the cash was used. NOTE: If receipts are not given as a *normal business practice* for certain services in other countries, written documentation stating such fact and showing how the cash was used MUST be submitted.
  - IMMEDIATELY upon returning from your trip, submitting ALL receipts and documentation to the UMW Cashier. Any cash deposited at the Cashier's office MUST BE IN US DOLLARS!
  - IMMEDIATELY upon returning from your trip, submitting the Card itself to the Cashier.

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

3. I agree to use this Card for **official UMW Study Abroad business ONLY** and agree **NOT to charge personal purchases for any reason**. I understand that the UMW Accounts Payable staff will review (on-line) every transaction/charge made using this Card and will take appropriate action on any discrepancies. If my Card has inappropriate expenditures, **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 follow the procedures for use of this Card may result in either revocation of my privileges or other disciplinary actions, up to and including termination of employment.
5. I agree to return the Card immediately upon request or upon termination of employment (including retirement).
6. If the Card is lost or stolen, I agree to notify the Bank of America and the UMW Program Administrator (Accounts Payable) immediately.
7. I agree NOT to send my 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.
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 my card number or other pertinent card information with anyone other than a vendor with whom I am doing business.

\_\_\_\_\_  
Employee's Signature Date

\_\_\_\_\_  
Fund Org Account Program Activity (Optional)

\_\_\_\_\_  
Associate Provost's Signature Date

\_\_\_\_\_  
Program Administrator's Signature Date

Cashier, please NOTE ANY PROBLEMS: