

**UMW Finance Cards  
ANNUAL Employee Agreement  
Cashier's Responsibilities Annual Agreement**

I, \_\_\_\_\_, acknowledge custodial responsibility of UMW Finance Cards. As the custodian of UMW Finance Cards, I agree to comply with the following terms and conditions regarding my administrative responsibilities of the Cards.

1. I understand that I am being entrusted to responsibly maintain a valuable purchasing tool which I will "check out" to authorized UMW employees or students **who provide appropriately signed documents** allowing the use of the Card. I understand that it is MY responsibility to:
  - Ensure the UMW employee or student signs a Purchasing Agreement EACH time (s)he checks out a Card.
  - Ensure the Card user returns the CARD itself along with a DETAILED, ITEMIZED receipt for all purchases made on the Card while signed out to the individual, and notify the appropriate individuals if proper documentation is not submitted when the Card is returned.
  - Immediately when the Card is returned, check the Bank of America WORKS system for swiped use of the Card and require a detailed, itemized receipt for each transaction that shows on the report.
  - Ensure an appropriate Banner FOAP is provided by the Card user for each transaction.
  - Collect payment from the Card user for any overages, such as with lodging or Business Meals.
  - Follow procedures identified at <http://adminfinance.umw.edu/ap/available-credit-cards/umw-finance-card/cardholders-and-approvers/>
  - Attach the appropriately signed documents to the receipts.
  - Print a statement for each Card from the Bank of America WORKS system at the monthly end of each Card cycle.
  - Attach to the printed statement an original, detailed, itemized receipt for EACH transaction that is on the Card.
  - For Study Abroad Cards\*\* ONLY: Attaching all ATM or cash withdrawal receipts ALONG WITH receipts (or written documentation if receipts are NOT provided as a normal business practice) that show how the cash was used.
  - Complete on-line in the Bank of America WORKS system all authorized charges made on the Cards—no later than the 6<sup>th</sup> of each month to allow for AP FUP loading and payment to Bank of America by the due date.
  - Submit the printed billing statements along with all receipts and other documentation, such as a Business Meal Form if food was purchased, to Accounts Payable as directed by Accounts Payable.
  - Contact the UMW Program Administrator (Accounts Payable) IMMEDIATELY regarding any uncertainties or questions.
- \*\* The responsibilities regarding Study Abroad Cards are generally limited to signing off in WORKS and forwarding billing statements along with any documentation provided by the professor.
2. I agree to explain to the individual who checks out a Card the magnitude of responsibility bestowed upon the Card user. I will explain the following: This Card is to be used for official state business ONLY and NO personal purchases are allowed on the card. The UMW Accounts Payable staff will review (on-line) every transaction/charge made using this Card. The Accounts Payable staff will also review the related management reports and will take appropriate action on any discrepancies.
3. I agree to follow the established procedures for the use of the Card, including any required training. Failure to do so may result in disciplinary actions, up to and including termination of employment.
4. I agree to ensure all Cards are accounted for immediately upon request or upon termination of employment (including retirement).
5. I will get supervisory review and approval from the Associate VP for Finance and Controller for charges made on the Cards, as required for auditing purposes.

6. If a Card is lost or stolen while in the custodial care of the cashier, I agree to notify the Bank of America and the UMW Program Administrator (Accounts Payable) immediately.
7. If I use a Card for personal expenses, 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** \_\_\_\_\_

8. I agree NOT to send the entire 16 digit account number via email (including attachments), regular mail, or fax or to photocopy the Cards for any reason in order to keep the Card numbers as secure as possible.
9. I agree to hold the Cards in a secure location so that no one else can access the Cards, and I agree to not share the Card numbers or other pertinent Card information with anyone other than the UMW employee who checks out a Card.

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Employee Signature/Date \_\_\_\_\_ Date \_\_\_\_\_

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Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

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