

**UMW Finance Card with Debate Coach Name
Employee Agreement**

I, _____, acknowledge ownership of a UMW Finance VISA 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 pay for:
 - Official UMW Debate Team business travel-related expenses WHEN TRAVELING WITH THE TEAM, and
 - ANY allowed expense when the funding source is an 8 Fund.I understand that I 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** MONTHLY for:
 - Assigning a Banner FOAP and “signing off” on-line in the Bank of America WORKS system for EACH authorized charge made on the Card.
 - Printing my Cardholder Billing Statement at the close of each cycle.
 - Attaching to the Cardholder Billing Statement, all original, detailed, itemized receipts **IN DATE ORDER** (earliest date to latest date) for EACH transaction on the Billing Statement.
 - Attaching to the Cardholder Billing Statement and receipts, all ATM or cash withdrawal receipts **ALONG WITH** receipts/documentation of per diem distributed, showing how the cash was used.
 - Providing to the Associate Provost any information requested in order for the Associate Provost to approve on-line.
 - Ensuring the receipt packet (Cardholder Billing Statement, receipts, ATM receipts, per diem sheet, etc.) is in the Accounts Payable Office no later than the sixth (6th) of each month to ensure timely payment to Bank of America. (If the 6th falls on a weekend or holiday, the receipt packet is due in AP the prior business day.)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 Debate Team 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, including any training that may be required by UMW. Failure to follow these procedures 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 Bank of America and the UMW PA (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 I am doing business with.

Employee's Signature Date

Associate Provost's Signature Date

Program Administrator's (PA) Signature Date