

FLORIDA ATLANTIC UNIVERSITY PURCHASING CARD PROGRAM

Cardholder Agreement

I AGREE TO THE FOLLOWING REGARDING THE USE OF THE FLORIDA PURCHASING CARD ASSIGNED TO ME **FOR OFFICIAL STATE BUSINESS ONLY:**

- 1) I understand that I am being entrusted with a powerful and valuable tool and will be making financial commitments on behalf of the State of Florida and will strive to obtain the best value for the State.
- 2) I understand that under no circumstances will I use the Purchasing Card to make personal purchases, either for myself or others. Willful intent to use the Purchasing card for personal gain or unauthorized use may result in disciplinary actions up to and including termination of employment and prosecution to the extent permitted by law.
- 3) I will follow Florida Law, purchasing policies of my employing agency, and established guidelines for using the Purchasing Card. Failure to do so may result in either revocation of my card privileges or other disciplinary action.
- 4) I agree to review and reconcile transactions timely and will maintain all applicable information and receipts.
- 5) I agree that, should I violate the terms of the Agreement, I will be subject to disciplinary action up to and including termination of employment and that I will reimburse the State of Florida for all incurred charges and any costs related to the collection of such charges. Additionally, any such charges that I owe may be deducted from any money which would otherwise be due and owing me, including salary or wages, in accordance with Rule 3A-21.004, F.A.C.

Cardholder Name (Print)

Witness (Print)

Cardholder Signature

Witness Signature

Date

Date

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I have been provided an FAU Purchase VISA Card, a copy of the FAU Purchasing Card Procedures Manual and attended training on this date; I understand the Purchasing Card Program and have been given the opportunity to ask any questions to clarify my understanding.

Initial here after receiving card: _____ Date: _____

