FLORIDA ATLANTIC UNIVERSITY PURCHASING CARD PROGRAM

Cardholder Travel Addendum

(Supplement to Cardholder Profile Information)

Date: ___/___/___

Cardholder Name: _____

Please add travel privileges to my Cardholder Profile. I understand that all University travel shall comply with Section 112.061, Florida Statutes and the guidelines established by Florida Atlantic University. A summary of the travel guidelines are available online at:

http://www.fau.edu/purchasing/purchasingcard/agenda_travel.php

The procedures and deadlines described in my training have been developed to comply with the rules of the State Purchasing Card Program. I understand that Failure to comply with these procedures will result in the revocation of my card holder's privileges. Any such charges that I owe as a result of a violation of the Cardholder Agreement may be deducted of any money which would otherwise be due and owing me, including salary and wages, in accordance with Rule 3A-21.004, F.A.C.

Cardholders Signature: _____

Dean/Director/Chair Signature: _____

==========(Do not initial below until you have attended the supplemental training)==========

I have been provided a copy of the FAU Purchasing Card Travel Guidelines and have attended the training supplement for travel on this date. I understand the Purchasing Card Program and have been given the opportunity to ask any questions to clarify my understanding.

Cardholders Initials: _____ Training Date: _____

Instructor's Initials: _____