

**EMERSON COLLEGE ONE CARD PURCHASING PROGRAM
CARDHOLDER AGREEMENT**

Name: _____
Department: _____ **Campus Phone #:** _____
Purchasing Card Number: (last 4 digits) _____

I acknowledge receipt of my Wells Fargo Visa Purchasing Card (the “Card”). As a Cardholder, I agree to comply with the following terms and conditions regarding use of the Card:

- I agree to use the Card for College purchases only and agree not to charge personal purchases. I understand that periodic audits will be conducted and that upon request, I will comply by providing requested documentation in a timely manner. While I understand that the Card is not to be used for personal purchases, should I inadvertently use the Card for such purchases, I will reimburse the College. I also authorize Emerson College to deduct any personal charges made be me on my college purchasing or travel card if necessary, from any monies owed to me in connection with my employment at Emerson College.
- I understand that I am being entrusted with a valuable tool – a Purchasing Card – and will be making financial commitments on behalf of Emerson College (the “College”) and will strive to obtain the best value for the College.
- I understand that I am not to accept any rewards or incentives that are offered to me personally by any vendor as a result of using the College purchasing card.
- I acknowledge that I have attended the training session and read (the “Manual”) governing the use of the Card.
- I understand that it is my responsibility to reconcile the monthly statements and resolve any discrepancies by contacting the appropriate vendor.
- I agree not to share my Card and/or its details with anyone. If my Purchasing Card is lost or stolen I agree to immediately notify Wells Fargo and then the Purchasing Card Administrator.
- I agree to return the Card immediately upon request or upon termination of employment (including retirement). Should there be any organizational change that causes my purchasing responsibilities to change, I also agree to return my card and arrange for a new one, if appropriate.
- I agree to comply with all College policies regarding record retention and securing all personal information (P.I.I.).

By signing this agreement, I understand that failure to follow the terms set forth in the Manual or in this Cardholder Agreement may result in either revocation of the Card or other disciplinary actions, up to and including termination.

_____ Date

Signature of the Card holder

To be completed by Program Administrator	
Date attended training: _____	Trained by: _____
Card expiration date: _____	