



Cardholder Agreement

I AGREE TO THE FOLLOWING REGARDING THE USE OF THE OHIO WESLEYAN UNIVERSITY PROCUREMENT CARD ASSIGNED TO ME FOR OFFICIAL UNIVERSITY BUSINESS ONLY.

- _____ 01) I acknowledge that I have reviewed the University Procurement Card Policy and Procedures. I agree not to use my Procurement Card for unauthorized transactions or as an alternative to University purchasing procedures as outlined in the policy.
- _____ 02) I understand that the Procurement Card is to be used for legitimate business purposes and that I will be making financial commitments on behalf of Ohio Wesleyan University and will strive to obtain the best value for the University.
- _____ 03) I understand that under no circumstances will I use the Procurement Card to make personal purchases, either for myself or others regardless of the intention to reimburse the University for the charge.
- _____ 04) I understand that the card issued in my name is to be used only by me. I agree to not share my card or card number with anyone. I understand that I am responsible for the security of the card assigned to me.
- _____ 05) I understand that I must allocate my charges to the appropriate account number, approve my charges as valid, and upload my receipts into the JPMorgan website, <http://smartdata.jpmorgan.com>, each month within 10 days of notification that my statement is ready. *Should I fail to maintain the account within 30 days, I understand that this will result in immediate suspension of my card.*
- _____ 06) I understand that the University will monitor and audit my use of the Procurement Card and further that the University may cancel or suspend my card for any reason at any time.
- _____ 07) **If the card is lost or stolen, I agree to contact JP Morgan Chase at 1-800-316-6056 and to notify the Purchasing Office immediately at 740-368-3377.**
- _____ 08) I agree to return the Procurement Card to Human Resources or the Controller's Office upon request, upon transfer to a different department, or upon termination of my employment (including retirement) at Ohio Wesleyan University.

My signature below and initials by each item indicates that I have read this agreement, understand it, and agree to be bound by it, and any amendments or addenda, for as long as I am a cardholder at Ohio Wesleyan University.

Employee Printed Name: _____

ID#: _____

Employee Signature: _____

Date: _____