



**THE CATHOLIC UNIVERSITY OF AMERICA**

*Strategic Sourcing and Business Services*

*Washington, DC 20064*

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**Procurement Card / Corporate Card Program Cardholder Agreement**

I, \_\_\_\_\_, acknowledge receipt of the University Procurement Card / Corporate Card (“Card”). As a Cardholder, I agree to comply with the following terms and conditions: (please review and initial at each blank)

- I have received University Procurement Card / Corporate Card training. I understand the University’s requirements and expectations for Card use. \_\_\_\_\_
- I agree to make all purchases in accordance with applicable laws and regulations, including but not limited to the CUA Procurement Card Policy, and, if applicable, terms and conditions relating to a Grant or Sponsored Program. \_\_\_\_\_
- After making a purchase with the Card, I will appropriately account for that purchase using the SunTrust ESP on-line system by appropriately coding the transaction and attach a detailed receipt. \_\_\_\_\_
- I agree to use this Card for approved purchases only. I understand that personal charges are not to be made to the Card. I understand that I am personally responsible to reimburse the University for any improper or fraudulent purchases. \_\_\_\_\_
- I agree to reimburse the University promptly and fully for improper or fraudulent purchases using the Card, including but not limited to any resulting fees or penalties. I authorize the University to deduct from my salary or from any other amounts payable to me, an amount equal to the total of the improper or fraudulent purchases and any fees or penalties. I agree to allow the University to collect any amounts owed by me even if the University no longer employs me. If the University initiates legal proceedings to recover amounts owed by me under this Agreement, I agree to pay legal fees incurred by the University in such proceedings. \_\_\_\_\_
- I understand that the Card is the property of the University and the University can terminate my right to use the Card at any time for any reason. I also understand that misuse of the Card shall constitute grounds for immediate disciplinary action, including termination. \_\_\_\_\_
- I agree to return the Card immediately upon my separation or termination from the University. \_\_\_\_\_
- If the Card is lost or stolen, I agree to immediately notify SunTrust Bank, the University’s Department of Public Safety, and the Procurement Card Program Administrator. \_\_\_\_\_

My Signature below indicates that I have read this agreement, understand it and agree to be bound by it.

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approver / Department Head Signature \_\_\_\_\_

University Department (Bldg. & Room): \_\_\_\_\_

Telephone number (work): \_\_\_\_\_ Alternative Number (home / cell): \_\_\_\_\_

Email: \_\_\_\_\_