The U.S. Bank Visa Card represents our University’s trust in you. You are empowered as a responsible agent to safeguard University assets. Your signature below is verification that you have read the P Card Policies and Procedures and agree to comply with it as well as the following responsibilities. It also acknowledges that you have received your VISA Card.

1. I hereby agree to comply with the P Card Program Policies and Procedures outlined on the Purchasing website @ https://www.urmc.rochester.edu/purchasing/how-to-purchase/purchasing-card.cfm and the terms and conditions defined below. I understand the card is for University-approved purchases only and I agree not to charge personal purchases. I understand that the card is not an entitlement nor reflective of title or position.

2. Improper use of this card (including personal purchases) can be considered misappropriation of University funds. This may result in disciplinary action up to and including termination of employment.

3. If the card is lost or stolen, I will immediately notify U.S. Bank by telephone at 1-800-344-5696. I will confirm the telephone call by mail or facsimile. I will also notify the University’s Purchasing Card Administrator via email of any lost or stolen card.

4. I agree to surrender the card immediately upon termination of employment, whether for retirement, voluntary or involuntary reasons.

5. The card is issued in my name. I will not allow any other person to use the card. I am considered responsible for any and all charges against the card.

6. All charges will be billed directly to and paid directly by the University. The bank cannot accept any monies from me directly; therefore any personal charges billed to the University could be considered misappropriation of University funds.

7. I will comply with sound internal auditing control procedures for product purchases. This includes uploading of all receipts in U S Bank Access Online system, maintaining a record of business purpose; purchase authorization, proof of receipt, reconciliation of monthly bank statements and corresponding University ledger, in addition to proper record retention. I understand that failure to do so will result in suspension of card privileges.

8. As the card is University property, I understand that I may be periodically required to comply with internal control procedures designed to protect University assets. This may include being asked to produce the card to validate its existence and account number. I may also be asked to produce other documentation to audit its use.

9. I will receive a Monthly Reconciliation Statement (MRS), which will report all activity during the statement period. Since I am responsible for all charges (but not for payment) on the card, I will resolve any discrepancies by either contacting the supplier or the bank.

10. The charges made against my card are automatically assigned to the cost center assigned to the card as specified by management. This code cannot be changed without management involvement. When changed, the new accounting code will not affect any charges made prior to the change but will affect future charges. I understand the purchasing card is not necessarily provided to all employees. Assignment is based on my need to purchase materials for the business. My card may be revoked based on change of assignment or location. I understand that the card is not an entitlement nor reflective of title or position and it may be revoked at any time, without reason, by my Division, Department, Purchasing or University Administration.

____________________________________  ____________________________________
Cardholder Name      Cardholder Signature
__________________                  ____________
Date
____________________________________________________________________________________
Department Address