

SOUTHWESTERN UNIVERSITY

Corporate Cardholder Enrollment Form

Please print or type. Your Department Chair or Supervisor must approve the information on this form before a Corporate Card will be issued to an employee. Complete all sections and return to the Corporate Card Administrator in the Business Office.

TO BE COMPLETE BY EMPLOYEE:

Your SU Employee ID #: _____

Name on the Card: _____

Department: _____

Cardholder Campus Mailing Address: _____ 1001 E University Ave, Georgetown, TX 78626 _____

SU Phone Number: _____

Cardholder SU E-mail: _____

Signature of Applicant

Date

TO BE COMPLETED BY DEPARTMENT CHAIR/SUPERVISOR

Cumulative Spending Limit per Monthly Cycle: (\$10,000 maximum): _____

Single Transaction Limit: (\$1,000 maximum if no travel; \$2,000 maximum if travel): _____

General Ledger Department Number (4 digits): _____

Department Chair/Supervisor Approval

Date

Business Office Use Only: Confirmation # _____

SOUTHWESTERN UNIVERSITY

Corporate Card Employee Agreement

As a Cardholder, I, (employee name) _____, agree to comply with the following terms and conditions regarding my use of the Corporate Card:

I understand that I am being entrusted with a valuable tool - a Corporate Card - and will be making financial commitments on behalf of Southwestern University using the Corporate Card.

I have read the Corporate Card policies and procedures, travel policy, as well as general purchasing policies and procedures located at <https://www.southwestern.edu/business-office/policies-procedures/>.

I agree to abide by all Southwestern University policies and procedures regarding my corporate card, acceptable use, corporate card procedures, and general purchasing policies and procedures.

I agree to complete the monthly reconciliation of my expenses, including providing itemized receipts for each purchase made with the corporate card, using the SAP Concur application. I agree to complete this process before the required deadline each month.

I understand that Southwestern University is liable to JPMorganChase for all charges made on the card. I agree to use this card only for approved purchases and agree not to charge personal purchases to the card.

I understand that the Business Office will audit the use of this card and take appropriate action on any discrepancies or irregularities.

I understand that fraudulent or other reckless use of the Corporate Card may result in revocation of my Cardholder privileges and/or other disciplinary actions, up to and including termination of employment.

I am aware that I am to stay within my department's/funding source's appropriate budgetary limits when using the Corporate Card and that purchases made are charged to my department/funding source at the end of the month.

I agree to return the Card immediately upon request or upon termination of employment (including retirement).

If the Corporate Card is lost or stolen, I agree to notify the Card Administrator and JPMorganChase immediately as noted in the Corporate Card Procedures.

Employee Signature: _____ Date: _____

Department: _____ Campus Extension: _____