## FITCHBURG STATE UNIVERSITY

PROCARD EMPLOYEE AGREEMENT

I (employee name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby request a Procard. As a cardholder, I agree to comply with the following terms and conditions regarding my use of the card:

1. I understand that I am being entrusted with a valuable tool - a Procard - and will be making financial commitments on behalf of Fitchburg State University and will strive to obtain the best value for the University.
2. I understand that the University is liable to JP Morgan Chase for all charges made on the card and it will not affect my personal credit.
3. I agree to use this Card for approved purchases only and agree not to charge personal purchases. I understand that the Procurement Department will audit the use of this card and take appropriate action on any discrepancies.
4. I will follow the established procedures for the use of the card. Failure to do so may result in either revocation of my use of privileges or other disciplinary actions.
5. I have reviewed the Procard Procedures and understand the requirements for the card’s use.
6. I agree to return the card immediately upon request or upon termination of employment (including retirement). Should there be any organizational change, which causes my department to likewise change, I also agree to return my card and arrange for a new one, if appropriate.
7. If the card is lost or stolen, I agree to immediately notify JP Morgan Chase and the Procard Administrator.

EMPLOYEE SIGNATURE DATE

DEPARTMENT

SUPERVISOR SIGNATURE DATE

PROCUREMENT SIGNATURE DATE