

Sacred Heart University
PURCHASING CARD
CARDHOLDER AGREEMENT

I agree to the following regarding my use of the Sacred Heart University Purchasing Card:

1. I understand that under no circumstances will I use the card to make personal or non-work related purchases, either for myself or for others.
2. I understand that I will not request or receive cash from suppliers as a result of exchanges or returns.
3. I understand that I am the only individual authorized to use the card assigned to me. It is not transferable to any other individual.
4. I understand that **I cannot** use the card to purchase any item on the *Unauthorized Purchases* list.
5. I understand that failure to complete the additional reporting requirements or follow account restrictions for any item appearing on the *Restricted Use* list will result in loss of card privileges.
6. I understand that Sacred Heart University can terminate my right to use the card at any time, for any reason. I agree to return the card to my department administrator immediately upon request from the Purchasing Card Administration Office, my transfer to another department, or termination of my employment.
7. I have reviewed the Purchasing Card Manual, and agree to follow the established guidelines when using the card. Failure to do so may result in revocation of my user privileges or other possible disciplinary actions, up to and including termination of employment.
8. I agree that should I violate the terms of this Agreement, a payroll deduction may result for employees, if the amount is not promptly repaid.
9. I certify that I received my card on this date from the P-Card Administration Office.

Cardholder Name (Print)

Purchasing Card Account Number

Cardholder Signature

PCard Administrator (Signature)

Employee ID #

Date and Time

Department Name

_____: Verified Picture Identification
Initials