



**Fairfield**  
UNIVERSITY

## **PURCHASING CARD APPROVAL FORM**

### **Purchasing Cardholder Acknowledgement of Responsibilities Agreement Form**

By Participation in the Fairfield University Purchasing Card Program as a Cardholder, you assume the responsibilities pertaining to the operation and administration of the Purchasing Card. These responsibilities include but are not limited to the following:

\*The Fairfield University Purchasing Card is to be used for **business expenditures only**. Fairfield University approved vendors should be used whenever possible. The Purchasing Card may be only used within the guidelines outlined in the Cardholder User Guide.

\*The Purchasing Card will be issued in the name of the employee. By accepting the card, the employee assumes responsibility for the card and will be accountable for all charges made with the card. The card is NOT transferable and may NOT be used by anyone other not authorized by the cardholder.

\*The Fairfield University card must be maintained with the highest level of security. If the card is lost, stolen or the cardholder suspects the card account number has been compromised, the cardholder agrees to immediately notify Bank of America (888) 449-2273 and the Program Administrator 203-254-**4000 ex 2699**.

\*All charges will be billed and paid directly by Fairfield University. On a monthly basis, the cardholder will receive a statement from Bank of America listing all activity associated with the card. This activity will include purchases and credits made during the reporting period. While the cardholder will not be responsible for making payment, the cardholder will be responsible for the verification and reconciliation for all account activity, and following procedures outlined in the Cardholder User Guide.

\*Cardholders accounts are subject to periodic internal control review and audits designed to protect the interest of Fairfield University. By accepting the card, the cardholder agrees to comply with these reviews and audits.

\*Policies and procedures related to the Cardholder User Guide may be updated or changed any time. The Program Administrator will promptly notify the cardholder of these changes. The cardholder agrees to and will be responsible the execution of any program changes.

\*The cardholder agrees to surrender and cease use of their card upon termination of employment whether of retirement, voluntary separating, resignation, dismissal or improper use of the card. In addition, the University reserves the right to terminate the use of this card by the cardholder for any reason at any time.

\*Misuse or fraudulent use of the card may result in disciplinary actions, repayment of improper transactions and may be grounds for termination.

By signing below, I acknowledge that I have read and agree to the terms and conditions of this document and the Cardholder User Guide. I certify that as a participating cardholder of the Fairfield University card program I understand and assume the responsibilities listed above. I will continually monitor my budget reports so I do not overspend the budget.

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Employee Name (print)

\_\_\_\_\_  
Employee ID # (from your Stag card)

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Employee Email Address

\_\_\_\_\_  
Employee Title

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

Please check one of the following: I am a full-time employee of Fairfield University \_\_\_\_ Fairfield Prep \_\_\_\_

**Standard Purchasing Card limits are set at \$1,000 per transaction, and \$10,000 monthly.** If your anticipated expenses exceed these limits we will assign, from a pre-determined list, limits that most closely match your requirements. Please indicate below the monthly limits you desire.

Single Transaction Limit \_\_\_\_\_ Monthly Limit: \_\_\_\_\_

**President, Vice President, Dean, Director or Department Head Approval:**

I hereby authorize the Purchasing Card office to issue a Fairfield University Purchasing Card to the individual referenced above. I understand that the department is responsible for the proper use of the card and to maintain proper record-keeping for all card transactions. I understand it is the responsibility of the cardholder's manager to review/approve the cardholder's verifications in Workday in a timely manner. I further understand that I am responsible for notifying the Purchasing Card Administrator upon this employee's transfer to another department or termination of employment with the University. Failure to notify the Purchasing Card Administrator of an employee's departure will result in the Department being held accountable for all purchases incurred after termination of the employee.

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Direct Report Manager (if not the individual signing above)**

As the manager of the purchasing card recipient you will be responsible for ensuring all verified charges are approved in Workday by the 5<sup>th</sup> business day following the month of the initial charge (for example: all charges made in January must be verified by the cardholder and approved by the manager by the 5<sup>th</sup> business day in February). An email alert will be sent to you on the 1<sup>st</sup> and 15<sup>th</sup> of each month if there are any charges awaiting your approval

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Controller Approval: \_\_\_\_\_ Date \_\_\_\_\_