



Purchasing Cardholder Agreement
8-1-2019

Southwest Minnesota State University is pleased to present you with the Purchasing Card. It represents Southwest Minnesota State University’s confidence in you as a responsible employee of Southwest Minnesota State University entrusted to safeguard and protect Southwest Minnesota State University’s assets.

I, _____ (**Print Full Name**), as the Cardholder, hereby accept responsibility for a Southwest Minnesota State University Purchasing Card issued through Southwest Minnesota State University. I have read and agree to the following conditions regarding my use of the Southwest Minnesota State University Purchasing Card. **Please initial after each condition below.**

1. I understand that by using the Purchasing Card, I will be making financial commitments on behalf of Southwest Minnesota State University and that Southwest Minnesota State University will be liable for all authorized charges made with the Purchasing Card. **Initial:** _____
2. I will strive to obtain the best value when purchasing merchandise with the Purchasing Card. Services, Maintenance, Speakers, Entertainment provided by a vendor cannot be paid with a Purchasing Card. These types of charges will result in card suspension. **Initial:** _____
3. I have read and agree to use the Purchasing Card only for authorized purchases and in an appropriate manner, as defined in **System Purchasing cards Procedure 7.3.3, The SMSU Purchasing Card Policies and Procedures and The SMSU Purchasing Card Guide.** **Initial:** _____
4. I understand that I may not use the Purchasing Card for any personal or private interests not otherwise eligible for reimbursement under Minnesota State Colleges and Universities policies, and agree not to use it for any prohibited purpose. **Initial:** _____
5. I understand that the Purchasing Card is for my sole use and that I will not allow any other person to use it. Having a Southwest Minnesota State University Purchasing Card is a privilege. **Initial:** _____
6. I understand that improper or fraudulent use of this Purchasing Card will result in revocation of the credit card and disciplinary action, termination of employment at Southwest Minnesota State University and criminal prosecution, as well as reimbursement for the unauthorized use of the Purchasing Card. **Initial:** _____
7. I understand that **SMSU is exempt from Sales Tax.** If Sales Tax is charged and not refunded, I will pay the sales tax when my report is turned into Business Services. If sales tax is not paid at that time, the purchasing card will be suspended. My use of the Purchasing Card is subject to monitoring and audit by Southwest Minnesota State University, without notice to me. **Initial:** _____
8. I understand that Southwest Minnesota State University may terminate my right to use the Purchasing Card at any time for any reason. I agree to return the card to Southwest Minnesota State University immediately upon request, upon termination of employment, or reassignment to another position. **Initial:** _____
9. I agree to **complete** the **Online Allocations** and **submit the Purchasing Card Activity Report, all original receipts,** and all other necessary documentation **by the 15th of each month to Business Services.** The purchasing card will be suspended if you do not complete & submit on time. To reinstate your card (1) All outstanding items need to be completed and (2) The Suspension/Reinstatement form will need to be completed with Christy Johnson in Business Services. **Initial:** _____
10. If the card is lost or stolen, I agree to immediately contact U.S. Bank Customer Service at 1-800-393-3526. Immediately after contacting U.S. Bank. I agree to contact Christy Johnson at 507-537-6118 or 6215 in Business Services. **Initial:** _____

EMPLOYEE:

My signature below indicates that I have read **(1) the System Procedure 7.3.3, (2) the Purchasing Credit Card Program Procedures for Southwest Minnesota State University, (3) The Purchasing Card Guide and (4) this agreement,** understand the documents and agree to be bound by it, and any subsequent amendments or addenda, while I am a Purchasing Cardholder at Southwest Minnesota State University.

Signature: _____ Date: _____

Print Name: _____ Employee ID#: _____

Turn this form into Christy Johnson @ Business Services