



## PURCHASING CARDHOLDER ACKNOWLEDGEMENT FORM

This document outlines my responsibilities as a Cardholder of the U.S. Bank Canada Visa Purchasing Card program at St. Francis Xavier University. My signature indicates that I have read and understood these responsibilities and agree to adhere to the policies and procedures established for the program.

1. The Purchasing Card is intended to facilitate the purchase of goods and services required to conduct St. Francis Xavier University business, or the business of an associated entity. I understand that I am responsible for the custody, control and use of the Visa Purchasing Card in my name.
2. I understand that the Purchasing Card is not to be used for personal use and that unauthorized use of the Card can be considered misappropriation of funds which will result in severe consequences for me and/or others responsible.
3. I understand that the Purchasing Card must be surrendered upon transferring to another department or termination of employment. I may also be requested to surrender the Purchasing Card for reasons not related to my own personal situation, such as re-organization. I may also be asked to temporarily return the Purchasing Card when I am on an extended leave of absence.
4. I will maintain the Purchasing Card with appropriate security whenever and wherever I may use the Card. If the Purchasing Card is lost or stolen, I agree to notify the U.S. Bank Canada and the Purchasing Card Administrator and Site Coordinator immediately. I further understand that failure to report a stolen/lost Purchasing Card promptly could result in the University being responsible for the first \$50 of fraudulent charges.
5. I understand that I will be required to complete a monthly Transaction Report that will report all activity during the previous cycle. I understand that I will be required to provide a receipt/invoice, reconcile with the monthly statement, obtain approval and forward to the Accounts Payable Department within 8 days of cycle close.
6. I will resolve any discrepancies by either contacting the supplier, The U.S. Bank Canada, or the Purchasing Card Administrator as appropriate.
7. I understand that all charges will be billed directly to and paid directly by the University. I understand that the U.S. Bank Canada cannot accept payment from me directly.
8. I understand that I may be asked to clarify Purchasing Card transactions for audit purposes.

Cardholder Name: \_\_\_\_\_

Department: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Last 4 digits of Card Number: \_\_\_\_\_

Expiry Date: \_\_\_\_\_