

**ROWAN UNIVERSITY  
FUEL CARD CARDHOLDER AGREEMENT**

I (employee name) \_\_\_\_\_, as the Cardholder agree to the following conditions regarding my use of the Rowan University Fuel Card:

1. I understand that by using the Fuel Card, I will be making financial commitments on behalf of Rowan University and that the University will be liable for all charges made with the Fuel card.
2. I will strive to obtain the best value for the University when purchasing Fuel and/or services with the Fuel Card.
3. I agree to use the Fuel Card only for authorized and in appropriate manner as defined in the Fuel Card Program Policies and Procedures.
4. I understand that should I make an unauthorized purchase with the Fuel Card or use the Fuel Card in an inappropriate manner, I will be subject to disciplinary action including possible card cancellation, termination of employment at Rowan University and criminal prosecution. I further agree that should I make an unauthorized purchase with the Fuel Card I will reimburse Rowan University in full. Should payment in full not be made within fifteen (15) days of the date on which I was notified of my obligation to reimburse the University, I hereby authorize Rowan University to deduct from my paycheck the exact amount of my debt provided I have been offered a hearing to contest the charge. Should my employment at the University terminate prior to my reimbursing the University in full, I hereby authorize Rowan University to deduct from my final paycheck the amount of my debt. I understand that collection agency fees, attorney fees, court costs and other costs and charges necessary for the collection of any amount owed by me and not paid when due are my obligation.
5. I understand that the University will monitor and audit my use of the Fuel Card.
6. I agree to return the Fuel Card to an authorized University representative, as defined in the Fuel Card Policies and Procedures, immediately upon the request of the Fuel Card Administrator or upon my transfer to a different department or upon termination of my employment at Rowan University.
7. I have received a copy of the Rowan University Fuel Card Program Policies and Procedures and will abide by all the requirements set forth in said policies & procedures.

**My signature below indicates that I have read this agreement, understand it and agree to be bound by it, and any subsequent amendments or addenda, for as long as I am a Fuel Cardholder at Rowan University.**

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Banner ID Number (for identification purposes only): \_\_\_\_\_

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

Route the completed application to Contracting and Procurement Department, Linden Hall 136