

## **ROWAN UNIVERSITY PURCHASING CARD ACCONTHOLDER AGREEMENT**

I (employee name) \_\_\_\_\_, as the Accountholder, agree to the following conditions regarding my use of the Rowan University Purchasing Card (P-Card):

1. I understand that by using the P-Card, I will be making financial commitments on behalf of Rowan University
2. I will strive to obtain the best value for the University when purchasing merchandise and/or services with the P-Card.
3. I agree to use the P-Card only for authorized purchases, with authorized vendors, and in an appropriate manner as defined in the P-Card Policy.
4. I understand that should I make an unauthorized purchase with the P-Card, or use the P-Card in an inappropriate manner, I will be subject to disciplinary action that may include card suspension or cancellation, termination of employment at Rowan University and criminal prosecution. I further agree that should I make an unauthorized purchase with the P-Card, I will reimburse Rowan University in full. Should payment in full not be made within fifteen (15) days of the date that 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. 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 P-Card.
6. I agree to notify the P-Card Administrator, as defined in the P-Card Policy, immediately 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 P-Card Manual and will abide by all the requirements set forth in said Manual.
8. I (or Proxy Reconciler) will complete all Works training as required by OC&P. I understand that failure to do so will result in loss of P-Card privileges until the training is completed.

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

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

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

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