

SOUTHWESTERN UNIVERSITY

Corporate Cardholder Enrollment Form

April 20, 2009

Please print or type. This form is required for each Cardholder. Your Department Chair or Supervisor must approve the information on this form before a Corporate Card will be issued to an employee. Complete all sections and return to the Corporate Card Administrator, Pam Leatherwood in the Business Office.

CARDHOLDER AUTHORIZATION PARAMETERS:

Cumulative Spending Limit per Monthly Cycle: (\$10,000 maximum) _____

Single Transaction Limit: (\$2,000 maximum) _____

Cash Amount (\$500 maximum) _____

CARD/STATEMENT INFORMATION

Name on the Card (19 Char): _____

Department: _____

General Ledger Department Number (4 digits): _____

Cardholder Campus Mailing Address: _____

University Phone Number: _____

Cardholder E-mail: _____

Signature of Applicant Date:

Department Chair/Supervisor Approval: Date:

Business Office Use Only:

Confirmation # _____ Pass Phrase: _____

Section 1 complete: _____ Section 2 complete: _____ Section 3 complete: _____

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Corporate Card Employee Agreement
April 20, 2009

As a Cardholder, I, (employee name) _____, agree to comply with the following terms and conditions regarding my use of the Corporate card:

I understand that I am being entrusted with a valuable tool - a Corporate Card - and will be making financial commitments on behalf of Southwestern University using the Corporate Card.

I will strive to follow sound purchasing practices and to obtain the best value for the University.

I understand that Southwestern University is liable to JPMorganChase for all charges made on the card. I agree to use this card only for approved purchases and agree not to charge personal purchases to the card.

I understand that the Business Office will audit the use of this card and take appropriate action on any discrepancies or irregularities.

I will follow the established procedures for the use of the Corporate Card. I understand that fraudulent or other reckless use of the Corporate Card may result in revocation of my Cardholder privileges and/or other disciplinary actions, up to and including termination of employment.

I am aware that I am to stay within my department's appropriate budgetary limits when using the Corporate Card and that purchases made are charged to my department at the end of the month.

I have read the Corporate Card Procedures Manual and understand the requirements for the Card's usage.

I agree to return the Card immediately upon request or upon termination of employment (including Leave of Absence and Retirement).

If the Corporate Card is lost or stolen, I agree to notify the Card Administrator and/or JPMorganChase immediately as detailed in Section 12 of the Corporate Card Procedures Manual.

Employee Signature

Date

Department

Campus Extension