

**UNIVERSITY OF CONNECTICUT
CARDHOLDER AGREEMENT**

Type: (Please ✓ check one of the following)

Individual

Individual with secondary use *

The University of Connecticut is pleased to present you with a **Master Card Purchasing Card** hereinafter referred to as the Purchasing Card. Receipt of this card represents the University's trust in you and our willingness to empower you as a responsible employee of the University and our belief in your ability to safeguard and protect our assets.

I, _____, hereby acknowledge receipt of a University of Connecticut Purchasing Card, card number _____. As the holder of this Purchasing Card, I understand and accept the responsibility for the proper use and protection of same as outlined in this agreement and the User Manual. I agree to use this card for official **University purchases only; will not use it for personal purchases of any kind;** and will maintain proper supporting documentation. I understand that the University will audit the use of this card and I agree to purchase only those items approved for purchase as identified in the User Manual and **will utilize University and State contract vendors** for these purchases whenever possible.

I understand that improper use of this purchasing card may result in disciplinary action, up to and including dismissal, personal liability for improper charges, and loss of my card holder privileges. I acknowledge that I will be responsible for the re-payment of improper charges by direct payment and or payroll deduction, repayment of which must be made within ten (10) calendar days from receipt of written notification, and that I shall continue to be responsible for repayment beyond termination of employment. I understand that the University shall initiate legal action against me for non payment and I agree to reimburse the University for any associated legal fees.

I understand that the University of Connecticut may **terminate my right** to use this credit card **at any time for any reason.** I agree to return the credit card to the University of Connecticut immediately upon request or upon termination of employment.

To be completed by the Applicant/Card Holder

Print Name & Title:	Soc. Sec. #:
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	Campus Phone#:
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Campus Address:

Department	Room #	Building
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**** Secondary Use Authorization***

I authorize the following staff members to utilize my University of Connecticut Departmental Purchasing Card (***up to two (2) individuals may be designated***). In granting this secondary authorization, I understand that as the cardholder I am directly responsible for the use of this card in accordance with established procedures.

Staff Member/Title	Signature
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Staff Member/Title	Signature
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Card holder Signature	Date
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