

**CREDIT CARD REQUEST FORM**

**Cardholder Agreement**

You are required as an employee of Northland College to safeguard college assets. Your signature below is affirmation that you have read and will abide by Northland College credit card and expense reimbursement policies as outlined in the Employee Handbook.

1. I understand **the card is for college purchases only and I agree not to charge personal expenses.**
2. **I will obtain preapproval from my direct supervisor for all purchases and ensure my purchases are within the authorized budget.**
3. **Improper use of this card can be considered misappropriation of college funds.** This may result in disciplinary action up to and including termination of employment.
4. **If the card is lost or stolen, I will immediately notify U.S. Bank by telephone.** I will confirm the telephone call by mail or facsimile with a copy of the notification to the program administrator.
5. **I agree to surrender the card immediately upon termination of employment**.
6. The card is issued in my name. **I will not allow any other person to use the card. I will not share my cardholder information with anyone.** I am considered responsible for any and all charges against the card.
7. All charges will be billed directly to and paid directly by the college. The bank cannot accept any monies from me directly; therefore, any personal charges billed to the college are not appropriate.
8. As **the card is college property**, I understand that **I may be periodically required to comply with internal control procedures designed to protect college assets.** This may include being asked to produce the card to validate its existence and account number. I will produce receipts and statements to audit its use.
9. I will receive a monthly statement from US Bank, which will report all activity during the statement period. Since I am responsible for all charges (but not for payment) on the card, I will resolve any discrepancies by either contacting the supplier or the bank. **I will reconcile the monthly statement and turn in receipts by the deadline monthly.**
10. I understand that cards are not provided to all employees and **issuance to me is based on my need to frequently purchase goods & services and/or to pay for business travel.** **The College may revoke the card it issues to me based on changes of circumstances.** I understand that the card is not an entitlement nor reflective of title or position.
11. **I request and certify the following credit limits are the maximum amounts required to conduct business:**

**Card Category Travel Good & Services**

**Athletics Academics Standard Standard 1 Standard 2**

**Credit Limits**

**Single Purchase $2,500 $2,500 $1,000 $500 $1,000**

**Monthly $5,000 $5,000 $2.500 $1,000 $2,500**

*Check the category requested:*

1. I am requesting the card for the following business purposes (explain the types of purchases needed, expected frequency of use, general business purposes of purchases, and reason(s) a card is more practical than standard purchasing and reimbursement processes):

Employee ID# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employee Work Phone# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Default Account Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Department\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- | --- | --- |
| Employee Signature | | |  | Supervisor Signature | | |
| Employee Legal Name Printed |  | Date |  | Supervisor Printed Name |  | Date |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| CBO (Approval) | | |  | Date |
|  |  |