

# Ferris State University Temporary Cardholder Agreement Form

As a temporary Ferris State University ("University") Cardholder, I agree to comply with the following terms and conditions regarding use of a Card.

- I understand a Card issued by the University is to be used for **University related business only**. \_\_\_\_\_ (initial)
- I agree to comply with the requirements as stated in the Card Program Guide. \_\_\_\_\_ (initial)
- I agree to comply with all University governing policies and procedures, including but not limited to; [FSU Purchasing Policy](#), [Transportation & Travel Policy](#), [Business and Special Expense Policy](#), [Guidelines Governing Financial Accounting of FSU Computer-Related Acquisitions](#), [Board of Trustee Policy](#). \_\_\_\_\_ (initial)
- If the Card is lost or stolen, I will notify the issuing Bank and the Disbursements Office immediately. \_\_\_\_\_ (initial)
- I have a signed University Conflict of Interest Form filed in the Vice President of Administration and Finance Office. \_\_\_\_\_ (initial)
- I agree to return the Card immediately upon completing a purchase or at the end of a designated period. \_\_\_\_\_ (initial)
- I understand that all transactions and account information can be viewed electronically by the University. \_\_\_\_\_ (initial)
- I understand that misuse or careless handling of the Card could result in disciplinary action, including the cancellation of Card privileges ([refer to Purchasing Card Abuse Guidelines](#)). \_\_\_\_\_ (initial)
- I understand I am personally liable for any unauthorized purchases and/or disputed charges not promptly reported, including related issuing Bank charges. \_\_\_\_\_ (initial)
- In the event of unauthorized charges or disputed charges not promptly reported, I authorize the University Payroll Office to deduct unauthorized charges from my University payroll check. \_\_\_\_\_ (initial)

Note: This form is applicable for one Fiscal Year (July 1<sup>st</sup> – June 30<sup>th</sup>) and must be renewed and resubmitted at the beginning of every Fiscal Year.

By affixing of signature below, I am confirming that I have read and agree to the terms and conditions stated above:

Applicant (Please Print): \_\_\_\_\_

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor: (Please Print): \_\_\_\_\_

Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_