Wellesley College Purchasing Department

P-Card and T&E Card Enrollment Form

Cardholder Name:

Please check all that apply:

Cardholder Department:

☐ **Procurement Card**

☐ **Travel & Entertainment Card**

Cardholder Email:

Cardholder Banner ID:

Cardholder Phone Number:

Supervisor's Email:

Supervisor Name:

REQUESTED CARD LIMITS:

Single Purchase Limit (Default $5,000)	Monthly Purchase Limit (Default $10,000)

Cardholder Signature: _____ **Date:** _____

Supervisor Signature: _____ **Date:** _____

CARDHOLDER ACKNOWLEDGEMENT

I acknowledge and confirm that I have read and understand Wellesley College's Policies and Procedures related to ProCard, Travel, and the Business Conduct Policy. I understand that Wellesley College is liable to Bank of America for all Wellesley College charges.

I agree to use this card for Wellesley College approved purchases only and agree not to charge personal purchases. I understand that Wellesley College will audit the use of this card and report any discrepancies; I also understand that I must notify Wellesley College and Bank of America immediately if my card is lost or misplaced and/or I discover any fraudulent activity on my account. I agree to record the appropriate "business purpose" for all transactions in the Workday system.

I further understand that improper use of this card and/or violation of this agreement may result in disciplinary action up to and including termination of employment. Should I fail to use this card properly I authorize Wellesley College to deduct the total discrepancy from my paycheck. I also agree to allow Wellesley College to collect any amounts owed by me even if I am no longer employed by Wellesley College.

I understand that the Purchasing Department, Controller's Office, or an authorized outside auditor may request copies or originals of any and/or all receipts from my ProCard transactions.

I understand that Wellesley College may terminate my right to use this card at any time for any reason. I may also be requested at any time, for any reason to relinquish the card. I agree to return the card to Wellesley College immediately upon request or upon termination of employment.

CARDHOLDER SIGNATURE _____ **DATE** _____