



THE UNIVERSITY OF AKRON VISA PURCHASING PROGRAM

Department Card Use & Agreement

REASON FOR CHECK OUT	COST	VENDOR	LOCATION (ESM, LOCAL STORE, ONLINE, ETC.)

As an authorized Procurement Card user, I agree to comply with the terms and conditions of this Agreement and with the provisions of the University Visa Purchasing Card User's Manual ("Manual"). I acknowledge receipt of the Manual and confirm that I have read and understand its terms and conditions. I understand the University is liable to the Bank of America/Merrill Lynch for all charges I make using the Card.

I accept responsibility for protection and proper use of the Card as outlined in this Agreement and in the Manual. I understand that the Card may be used only for authorized University business and that such use shall conform to University policies, including the Card User's Manual. I agree that no personal expenses will be charged to the Card. I also understand that the Card may not be used to purchase restricted items as described in the Manual.

I understand that improper, fraudulent, or any unauthorized use of the Card by me may result in disciplinary action, up to and including termination. I agree to allow the University to collect any amounts owed by me for improper purchases even if I am no longer associated with the University. Should I fail to use the Card properly, I authorize the University to take whatever legal steps are necessary to collect an amount equal to the total of the improper purchases.

I understand that the University may terminate my right to use the Card at any time for any reason. I agree to surrender the Card immediately upon request or upon misuse of the VISA card.

I HAVE READ THE ABOVE INSTRUCTIONS AND I UNDERSTAND THE CONDITIONS OF THIS AGREEMENT:

Department Employee Name: _____ (Print Clearly)

Department Employee Signature: _____ ID Provided / Verified: _____

Department Staff Person Checking OUT VISA Card: _____ Date Card Was Checked OUT: _____

Date Card is Due Back: _____ **Note: Itemized Receipts are required at the time of Card Return for required transaction review**

Department Staff Person Checking IN VISA Card: _____ Date Card was Checked IN: _____