

NORTHERN MICHIGAN UNIVERSITY
EMPLOYEE APPLICATION AND AGREEMENT FOR A COMMERCIAL CARD

<hr/> Employee Name (First, Last) (Print)	<hr/> Department/College Name	<hr/> Employee Work Phone
<hr/> Date of Birth (MM/DD/YY)	<hr/> Employee NMU IN Number (8 Digits)	<hr/> Employee E-Mail Address
<hr/> SPL (Single Purchase Limit)	<hr/> Monthly Spending Limit	<hr/> Default Organization

☐ *Please check if Term Faculty or Graduate Assistant. Additional approvals are required. Call 2054

CARD-USER RESPONSIBILITIES (The following is to be signed and initialed where indicated)

Northern Michigan University is pleased to present you with a Commercial Card (the "Card"). The Card represents the University's trust in you as a responsible employee who will safeguard the assets of the University.

I agree to comply with the terms of this Agreement and the terms of all applicable University Policies and Procedures, including, but not limited to, the University Business Expense Policy, the University Purchasing Policy and the Travel Policy. I understand all policies and procedures are available on line and I am expected to have read and understood them. By accepting this credit card, I understand and agree to the following conditions:

1. I am accountable for all charges made by me on the Card.
2. **I will not use the Card for personal purchases of any kind except for the following: a) meals in excess of the daily maximum and b) gasoline purchased for a personal vehicle that will be used outside of the Marquette area for business travel approved by your department head. I understand that using the card for personal use will result in disciplinary action up to and including dismissal as well as criminal prosecution.** _____
3. I will immediately repay the University by direct payment or payroll deduction for any charge determined to be "personal" in nature, whether authorized or unauthorized; provided, however, that any such repayment shall not prevent the University from taking appropriate action for improper use of the Card. I agree to pay interest on any outstanding balance at a rate of 1.5% per month, and I further agree that my repayment obligation shall survive termination of my employment.
4. I understand that the University will initiate legal action against me for non-payment of "personal" transactions, whether authorized or unauthorized, and I agree to reimburse the University for any associated legal fees.
5. I understand that using the Card for cash withdrawals is strictly prohibited.
6. **I understand that any violation of this Agreement may result in disciplinary action up to and including discharge.** _____
7. The University **will** audit my use of the Card which will include tying each purchase to a supporting receipt.
8. I am responsible for maintaining and retaining documentation (receipts) of all purchases made with the Card.
9. I will use the Card only for University business purchases.
10. I am the only person who will use the Card, and I agree to keep the Card number confidential.
11. I will strive to obtain the best value for the University in all purchases I make with the Card.
12. I understand that the University is exempt from certain taxes, and I will ensure that Michigan sales tax is not inappropriately charged to the Card. I will bring any sales tax issues to the attention of the University Controller's office.
13. I will only make purchases on the Internet if the appropriate credit card security measures are in place, and I will record and retain the vendor's website address.
14. I will not exceed any per transaction or monthly limits assigned to the Card, and I will not attempt to circumvent such limits by "splitting" transactions.
15. I will review all charges incurred on the Card and I will immediately notify Bank of America (888/449-2273) if I believe such charges are not legitimate charges made by me in the course of University business.
16. I understand that the head of my department will review and approve all charges incurred on the Card, and that my Vice President and the Controller, jointly, will have final authority in determining whether any such charge is made in compliance with University policy.
17. I will immediately notify Bank of America at 888/449-2273 in the event my card is lost or stolen or I identify fraudulent charges.
Additionally, I will promptly inform my Department Head, Purchasing and Public Safety.
18. I will report all fraudulent charges within 30 days. I understand that if I do not, I may be held individually financially accountable.
19. I understand that the University may terminate my right to use the Card at any time, for any reason, and I agree to surrender the Card immediately upon request by the University or upon termination of employment.
20. I understand the standard monthly spending limit is \$5000. The single transaction limit for travel and purchasing goods or services is \$2,500. If special circumstances require higher spending limits, your department head would need to submit a written request to the Purchasing Department.

SUPERVISOR ACKNOWLEDGMENT OF CARD RESPONSIBILITY:

As the authorizing supervisor, please acknowledge and accept responsibility for the following:

- The correct default org has been assigned.
- Approve or deny each transaction by comparing the transaction to supporting receipts (required for all purchases, all business entertainment expenses and some travel expenses).
- Ensure all transactions are settled in accordance with University policies no later than the end of each semester or at year end.
- Ensure University policies are being abided by and there are no unsettled transactions after each semester end.
- Retain required receipts until they are imaged and/or forwarded to Vendor Payables. The only exception (where receipts are NOT required) is during travel:
 - parking, taxi's and limos if under \$75
 - meals including tip will be reimbursed at actual cost, not to exceed \$59 in a 24-hr period

_____	_____	_____
Dept. Head/Supervisor Signature	(Print Name)	Date

CARD RESPONSIBILITY AND ACCOUNTABILITY REVIEWED WITH EMPLOYEE:

_____	_____	_____
Controller's Office Signature	(Print Name)	Date

_____	_____	_____
Employee Signature	(Print Name)	Date

_____	_____	_____
Purchasing Manager	(Print Name)	Date

I, _____ hereby acknowledge receipt of a Northern Michigan University Commercial Card on _____ (date). I have placed my signature at the appropriate place on the Card.