

University of Rhode Island Purchase Cardholder Agreement

Fax: 401/874-4825 Email: Pcard@etal.uri.edu Mail to: University of Rhode Island 210 Flagg Road, 1st Floor Kingston, RI 02881-1966

Cardh	older Name (Print):	Department:
Your signature/ initials below indicate that you have read and will comply with the terms of this agreement regarding the use of the University of Rhode Island Purchase Card:		
Cardhold	er Initials (Required)	
1.	1. I understand that by using the Purchase Card, I will be making financial commitments on behalf of the University and that the University will be liable for all charges made with the Purchase Card.	
2.	\mathcal{E}	archases and in an appropriate manner, as defined in the all existing state and University purchasing policies and
3.		ase with the Purchase Card or use the Card in an inappropriate ing without limitation termination of employment, civil -11-14.2 of the General Laws.
	designee, to use or permit others to use state-issued purchase liable for a civil penalty equal to three times the value of the shall be assessed and recovered in a civil action brought in the General. If two (2) or more persons are responsible for any the action is brought by the Attorney General, the moneys re	WS makes it unlawful for any employee of the state, or his/her e cards for personal use. Any person who violates this law shall be unlawful use, plus an amount not to exceed \$10,000. The penalty he name of the people of the State of Rhode Island by the Attorney violation, they shall be jointly and severally liable for the penalty. If ecovered shall be paid into the General Fund. Nothing in this section harges against any person who violates the policies and procedures
4.	4. I understand that the Purchase Card remains the property of the University and that I am accountable for activity on the Card. I agree to return the Purchase Card immediately upon termination of employment at the University, the transfer to another department, or at the request of the Office of Strategic Procurement.	
5.	I understand that the University can terminate my right	to use the card at any time, for any reason and require its return.
	My signature below indicates that I have read this agree am a Purchase Cardholder at the University.	ment, understand it and agree to be bound by it, for as long as I
	Cardholder Signature	Date
To	be completed by the Office of Strategic Procurement	:
	Office of Strategic Procurement (Signature)	Date