

Fax: 401/874-4825
Email: Pcard@etal.uri.edu



Mail to: University of Rhode Island
Carlotti Administration Bldg.
75 Lower College Road, Room 103
Kingston, RI 02881-1966

Cardholder 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:

Cardholder Initials (Required)

- _____ 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. I agree to use the Purchase Card only for authorized purchases and in an appropriate manner, as defined in the Purchase Card Policy Manual and in accordance with all existing state and University purchasing policies and procedures.
- _____ 3. I understand that should I make an unauthorized purchase with the Purchase Card or use the Card in an inappropriate manner, I may be subject to disciplinary action, including without limitation termination of employment, civil penalties and/or criminal prosecution under Section 42-11-14.2 of the General Laws.

NOTE: SECTION 42-11-14.2 OF THE GENERAL LAWS makes it unlawful for any employee of the state, or his/her designee, to use or permit others to use state-issued purchase cards for personal use. Any person who violates this law shall be liable for a civil penalty equal to three times the value of the unlawful use, plus an amount not to exceed \$10,000. The penalty shall be assessed and recovered in a civil action brought in the name of the people of the State of Rhode Island by the Attorney General. If two (2) or more persons are responsible for any violation, they shall be jointly and severally liable for the penalty. If the action is brought by the Attorney General, the moneys recovered shall be paid into the General Fund. Nothing in this section shall prevent the Attorney General from pursuing criminal charges against any person who violates the policies and procedures established pursuant to this section.

- _____ 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 the Controller.
- _____ 5. I understand that the University can terminate my right to use the card at any time, for any reason and require its return.
- _____ 6. My signature below indicates that I have read this agreement, understand it and agree to be bound by it, for as long as I am a Purchase Cardholder at the University.

Cardholder Signature

Date

To be completed by the Office of the Controller:

_____ Office of the Controller (Signature)	_____ Date
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