

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

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

Your signature below indicates that you have read and will comply with the terms of this agreement regarding the use of the University of Rhode Island Travel Card:

Initials (required)

- _____ 1. I understand that by using the Travel 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 Travel Card.
- _____ 2. I agree to use the Travel Card only for authorized travel, in an appropriate manner, and in accordance with the URI Travel Policy.
- _____ 3. I understand that should I make an unauthorized purchase with the Travel 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 travel 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 agree to reimburse the University for any amounts owed related to my travel within 10 business days of the last day of travel. The University reserves the right to terminate the Travel Card if reimbursement is not received within the 10 business day timeframe.
- _____ 5. I understand that the Travel Card remains the property of the University and that I am accountable for activity on the Card. I agree to return the Travel Card immediately upon termination of employment at the University or at the request of the Office of Strategic Procurement.
- _____ 6. I understand that the University can terminate my right to use the Travel card at any time.
- _____ 7. 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 Travel Cardholder at the University.

Print Cardholder Name

Cardholder Signature

Date

To be completed by the Office of Strategic Procurement

| | |
|---|-------|
| _____ | _____ |
| Office of Strategic Procurement (Signature) | Date |