



New York Institute
of Technology

PROCUREMENT CARD EMPLOYEE CARDHOLDER AGREEMENT

In return for the purchasing authority delegated to me, and in consideration of my responsibility to properly use institutional resources, I agree to undertake the following responsibilities:

- To comply with this Agreement and the Procurement Card Policies and Procedures provided.
- To protect and safeguard the Procurement Card per this Agreement and the Procedures.
- To purchase ethically, fairly, and without conflict of interest; to seek the best value; I understand that my use of the Procurement Card will be audited on a regular basis, and I will cooperate with the audit process by providing any requested information in a timely manner.

I further understand that my improper use of this Procurement Card may result in card revocation and disciplinary action against me, up to and including termination of employment. Should I fail to use the Procurement Card properly, in addition to potential discipline and other consequences, I agree to reimburse NYIT within fifteen (15) days of the (accidental) personal purchase. I also agree to reimburse NYIT for any administrative fees imposed by UMB in connection with my misuse. If NYIT initiates legal proceedings to recover amounts owed by me under this Agreement, I agree to pay all legal fees incurred by NYIT in such proceedings.

I have read and understand the Procurement Card Policies and Procedures. If the card is lost or stolen, I will notify the Program Administrator and UMB Bank immediately. I understand that NYIT may suspend or terminate my privilege to use the Procurement Card at any time for any reason. I will return the Procurement Card to NYIT immediately upon request or termination of employment.

I understand that my Employee ID Number or the last four (4) digits of my Social Security Number will be used to verify card possession in the event I must place a call to the bank to report a lost or stolen card; and that it will solely be used for identification in an emergency situation.

Employee Name (PLEASE PRINT): _____

Employee ID Number: _____

Department: _____

This portion to be completed after training:

Procurement Card Account Number: _____

TRAINING CONDUCTED & RECEIVED: _____

Cardholder Signature/Date

P-CARD PROGRAM ADMINISTRATOR: _____

Signature/Date