



EXPENSE CARD AGREEMENT

Florida Tech ("University") is pleased to present you with an Expense Card ("Card"). This Card represents the University's trust in you to make certain purchases, and with this trust comes the responsibility to protect the University's assets.

I, the undersigned, hereby acknowledge receipt of a University Expense Card.

As an authorized cardholder I agree to comply with the terms and conditions of this Agreement and with the provisions of the University Expense Card Procedures located on the Procurement Services Website. I acknowledge receipt of the Procedures and confirm that I have read and understand its terms and conditions. I also acknowledge that I have attended the required training course. I understand that the University is liable for all charges I make using the Card.

I accept responsibility for protection and proper use of the Card as outlined in this Agreement and in the Procedures. I understand that the Card may be used only for authorized University business in accordance with University Policies and State of Florida laws, and that no personal expenses are to be charged to the Card. I also understand that the Card may not be used to purchase various restricted items as described in the Procedures.

I further understand that improper or fraudulent use of the Card may result in disciplinary action, up to and including termination of employment. I agree to allow the University to collect any amounts owed by me for improper purchases even if I am no longer employed by the University. Should I fail to use the Card properly I authorize the University to take whatever legal steps are necessary to collect an amount equal to the total of the improper purchases. If the University initiates legal proceedings to recover amounts owed by me under this Agreement I agree to pay legal fees incurred by the University.

I understand that the University may terminate my right to use the Card at any time for any reason. I agree to surrender the Card immediately upon request or upon termination of employment.

I HAVE READ THE ABOVE INSTRUCTIONS AND I UNDERSTAND THE CONDITIONS OF THIS AGREEMENT:

Signature of Cardholder: _____ **Date:** _____

Print Name: _____ **Department:** _____