University System of New Hampshire

Purchasing Card Program Cardholder Acceptance Agreement.

DO NOT COMPLETE THIS FORM UNTIL THE CARD HAS BEEN RECEIVED AND TRAINING HAS TAKEN PLACE

This is an attestation for New card Renewal

Cardholder information

USNH ID # Full Name

Last four digit of your card

Campus

Department Name

Cardholder Acceptance

By signing below, I acknowledge that I have completed the necessary training to hold a USNH Purchasing Card (PCard), I understand the policies and procedures regarding use of the card as they were presented to me, and I agree to comply with all applicable provisions of the PCard Guide, which was provided during cardholder training, and as such documents may subsequently be revised.

I, as an authorized USNH PCard holder, agree to the following terms regarding the security and use of the PCard I have been granted.

I accept responsibility for the protection and proper use of the PCard as outlined in the PCard Guide and agree not to transmit the 16-digit account number electronically internally or externally. I understand that no one, other than myself, is permitted to use this card (unless I have been issued a departmental card, which permits use of my PCard by other individuals for a short period of time, usually less than a day.)

I understand that purchases made with my Pcard are subject to audit and as such, I may be contacted to provide further details in order to satisfy the requirements of the policies in place around use and storage of my PCard.

I understand that I cannot use the PCard for the restricted commodities. Furthermore, I will not use this card to procure goods and services if said purchases can be completed using USNH's online procurement tool.

I agree that I will be held responsible for any and all improper or unauthorized purchases or charges or any other improper use of the purchasing card as outlined in the PCard Guide or as may be otherwise limited, prohibited, or restricted by USNH or my own campus.

Cardholder's Initials

Cardholder Acceptance, continuous

I further understand that improper or unauthorized use of the PCard may result in loss of card privileges and disciplinary action, up to and including TERMINATION OF EMPLOYMENT.

I will immediately report a lost or stolen card or a stolen card number to Wells Fargo by calling 1-800-932-0036. I will also inform my PCard Manager and my campus PCard Administrator.

I will review daily my PCard notices of activity and report any suspicious activity to Wells Fargo by calling 1-800-932-0036. I will also inform my PCard Manager and my campus PCard Administrator. Failure to report suspicious activity within 60 days of the transaction post could result in suspension or revocation of the PCard.

I understand that the PCard is the property of the University System of New Hampshire even though it has my name on it and that I am accountable for any and all activity that occurs on the card. I agree to surrender this PCard to my PCard Manager when asked to do so, upon transferring to another department, or upon termination of my employment.

My signature below denotes my understanding of this agreement, my commitment to adhere to the terms and my acknowledgment that I have received my PCard.

Cardholder's Signature	Printed Name	Date
Witnessed by campus PCard Manager		
Signature	Printed Name	Date

Campus PCard Administrator use only

This signed form must be added to the PCard Application in the USNH Imaging System.