

**HARVEY MUDD COLLEGE
Purchase Card Program
Employee Agreement**

I, _____, hereby request a Purchase Card. As a holder I agree to comply with the following terms and conditions regarding my use of the card:

1. I understand that I will be making financial commitments on behalf of **HARVEY MUDD COLLEGE** and will strive to obtain the best value for the college.
2. I understand that the college is liable to Wells Fargo Bank for all charges made on the card
3. I agree to use this Card for approved purchases only and agree not to charge personal purchases. I understand that the CUC Office of Financial Services will audit the use of this Card and report on any discrepancies with the College taking appropriate action.
4. I will follow the established procedures for use of the Card. Failure to do so may result in either suspension or revocation of my use of privileges or other disciplinary actions, up to and including termination.
5. I have been given a copy of the Purchase Card Policy & Procedure and understand the requirements for the Card's use, including the requirement that all items purchased using the Purchase Card must be reconciled through the online Commercial Card Expense Reporting (CCER) system within 10 days of receipt of the statement. I understand that a Reconciler may be assigned to complete the online reconciliation for me in accordance with the Purchase Card Policy & Procedure. Assignment of a Reconciler is at the discretion of the Approving Supervisor.
6. I agree to return the Card immediately upon request or upon termination of employment (including retirement). Should there be any organizational change that causes my cost center to likewise change, I also agree to return my Card and arrange for a new one, if appropriate.
7. If my Card is lost or stolen, I agree to notify the Purchase Card Program Coordinator and Wells Fargo Bank immediately.

Employee Signature	Date
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Employee Social Security Number	HMC Extension
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Campus Location	Department
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Supervisor Signature	Date
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General Template Traveler Template (Supervisor—please check one box)

Program Coordinator Signature	Date
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