



## Nipissing Visa Card Cardholder Agreement

Name: \_\_\_\_\_

1. I acknowledge receipt of the Nipissing Visa Card.
2. The Visa Card is provided to employees based on their need to travel and/or purchase business-related goods and services. The card is for **approved** business-related travel/purchases only; personal charges are not to be made using the card. I understand that I am responsible for reimbursing the University for any personal charges made.
3. The Visa Card is property of Nipissing University. I understand the card may be revoked at any time based on change of assignment or location.
4. The Visa Card is not an entitlement nor reflective of title or position.
5. I am the only person entitled to use the card and am responsible for all charges made against the card. Unauthorized use of the card can be considered misappropriation of University funds, which may result in disciplinary action, up to, and including termination.
6. I am required to comply with internal control procedures in order to protect Nipissing's assets. This includes keeping original receipts, reconciling monthly card statements and following proper card security measures.
7. Nipissing University will automatically pay the monthly Nipissing Visa Card balance. I am responsible for reconciling the monthly memo statement and resolving any discrepancies by contacting the bank and Card Administrator, in a timely manner. I understand that failing to submit reconciled Visa Statements by the 30<sup>th</sup> of the month can result in the cancellation of the credit card and the expenses deducted from my salary/payroll.
8. I understand that Nipissing University will only reimburse credit card charges made on my Nipissing Visa Card. **Charges made on other credit cards will not be reimbursed.**
9. I agree to report a lost or stolen card immediately by telephone to the Scotiabank Purchase Card Service Centre at 1-888-823-9657 and the Card Administrator.
10. I agree to surrender the card upon termination of employment (i.e. retirement or voluntary/involuntary termination). Upon termination of employment, further use of the card is prohibited.
11. By signing below, I understand the Purchasing Card Program guidelines and agree to comply with them.

Cardholder Printed Name: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_