



P-CARD AND T&E CARD ENROLLMENT FORM

CARD HOLDER NAME:

CARDHOLDER DEPARTMENT:

CARDHOLDER EMAIL:

CARDHOLDER PHONE NUMBER:

CARDHOLDER EMPLOYEE NUMBER:

CARDHOLDER SUPERVISOR:

*****DUE TO THE COVID-19 PANDEMIC, ALL CARDS WILL BE SENT DIRECTLY TO THE CARDHOLDER*****

CARDHOLDER OFF-CAMPUS/
ALTERNATE MAILING ADDRESS:

CARD(S) YOU ARE APPLYING FOR: P- CARD
 TRAVEL & ENTERTAINMENT CARD

REQUESTED CARD LIMIT:

MONTHLY PURCHASE LIMIT (DEFAULT IS \$10K)

SINGLE TRANSACTION LIMIT (DEFAULT IS \$5K)

CARDHOLDER ACKNOWLEDGEMENT

I acknowledge and confirm that I have read and understand Wellesley College's Policies and Procedures related to Procard, Travel and the Business Conduct Policy. I understand that Wellesley College is liable to Bank of America for all Wellesley College charges.

I agree to use this card for Wellesley College approved purchases only and agree not to charge personal purchases. I understand that Wellesley College will audit the use of this card and report any discrepancies; I also understand that I must notify Wellesley College and Bank of America immediately if my card is lost or misplace and/or I discover any fraudulent activity on my account. I agree to record the appropriate "business purpose" for all transactions in the Workday system.

I further understand that improper use of this card and/or violation of this agreement may result in disciplinary action up to and including termination of employment. Should I fail to use this card properly, I authorize Wellesley College to deduct the total discrepancy from my paycheck. I also agree to allow Wellesley College to collect any amounts owed by me even if I am no longer employed by Wellesley College.

I understand that the Purchasing Department , Controller's Office, or an authorized outside auditor may request copies of originals of any and/or all receipts from Procard transactions.

I understand that Wellesley College may terminate my right to use this card at any time for any reason. I may also be requested at any time to relinquish the card. I agree to return the card to Wellesley College immediately upon request or upon termination of employment.

CARDHOLDER SIGNATURE: DATE:

SUPERVISOR SIGNATURE: DATE: