



Employee P-Card Agreement

I, _____, hereby acknowledge receipt of a University Purchasing Card (P-Card). As an Accountholder for the department of _____, I agree to comply with the following terms and conditions regarding my use of the P-Card.

- The protection and proper use of the P-Card, as outlined in this agreement and in the P-Card Guidelines, is my responsibility. I am the person responsible for **all** charges made to the P-Card. I understand that the P-Card can only be used by the person to whom the P-Card has been issued. I should never lend my P-Card to another person or use another employee's P-Card. I understand that only permanent WSSU employees can obtain a P-Card unless otherwise approved by Purchasing Services.
- I am being entrusted with a University P-Card and will be making purchases on behalf of Winston Salem State University. I agree to strive to obtain the best value for the University on all purchase transactions and conduct business with sound, moral, and ethical standards.
- Under no circumstances will I use the WSSU P-Card to make personal or non-work-related purchases, either for myself or others.
- No purchases will be made from State or University employees and no gifts or favors accepted from suppliers. I will avoid potential "conflict of interest" situations.
- I will not request or receive cash from suppliers as a result of exchanges, returns, or rebates.
- Improper or fraudulent use of the P-Card may result in revocation of my use privileges and may result in disciplinary action, up to and including termination of employment.
- I have attended a WSSU P-Card Training Session, have been given a copy of the P-Card Guidelines and/or access to it via the WSSU Purchasing Website, and understand the terms and conditions governing the use of the P-Card.
- It is my responsibility to ensure that budgetary funds are available prior to using the P-Card and that it is **critical** to track all spending levels.
- As the PI (Primary Investigator) of a grant account, I understand that I am responsible for all charges made to my grant. It is my responsibility to keep track of all spending activity to ensure all purchases made fall within the beginning and ending date of the grant. I will notify Purchasing when my grant has expired or when there is a change in my grant number. I understand that my P-Card privileges may be suspended or cancelled due to purchases made and reconciled to a grant account that has expired.
- I agree to maintain documentation of all purchases and to reconcile my charge/credit receipts bi-weekly in a timely manner.

- The University may collect any amount owed by me for improper purchases. I understand that making full restitution may be a condition of my continued employment. I authorize the University to pursue legal action under NCGS, Sections 143-553 (making full restitution may be a condition of continued employment) and 105A (allows the University to set off against any refund due from the Department of Revenue the sum of any debt to WSSU). Statutes 143-553 and 105A can be located at www.ncga.state.nc.us.
- If I fail to repay any amount owed by me for improper purchases, then I agree that the University may deduct the amount owed from my salary. Below, I hereby subscribe by signing and acknowledge my understanding of this agreement between me and the University and agree to these terms and conditions.
- The University may at any time, for any reason, terminate my right to use the P-Card. I agree to surrender the P-Card immediately upon request or upon termination of employment (including retirement). Should I change positions I will return my P-Card and arrange for a new P-Card in my new department if appropriate.
- If my P-Card is lost or stolen, I will notify the P-Card Administrator at **(336) 750-2933** and Bank of America at **1-888-449-2273** immediately.
- I understand that all P-Card guidelines apply to any additional fund and account numbers I add later to the P-Card Program for my use.
- I read the above instructions and understand the conditions of this agreement. By signing this agreement, I agree to be bound by it.

_____ initials

Date Attended Purchasing 101: _____

Date Attended P-Card Training: _____

Type/Print Accountholder Name: _____

Signature of Accountholder: _____ Date _____