

I, _____, agree to comply with the following Terms and Conditions regarding use of my Corporate Credit Card.

- Although the Card is issued in my name, it is University property. My signature below verifies that I understand the **Simmons University Credit Card and Business Expense Reimbursement Policy** and agree to comply with it.
- I understand that I am entrusted with a valuable asset – a Simmons University Corporate Credit Card – and will be making financial commitments on behalf of Simmons University. I will safeguard assets of the institution in such a way as to avoid fraud and abuse of any kind.
- I will strive to obtain the best quality and service, seeking the lowest price available, by using University Agreements or Contracts, in addition to those referenced in “Frequently Used Goods and Services” on the Purchasing website.
- I understand that all charges will be billed to and paid by the University. **Personal charges are forbidden.** I agree to use this Card for approved purchases only and agree not to charge personal purchases. Any personal transactions will be treated as misappropriation of University funds, subject to Card termination, investigation and/or disciplinary action. Guidance on permitted expenses can be located in the Simmons University Purchasing Policy and the Simmons University Travel and Hospitality Policy.
- I understand that Simmons University will audit the use of this Card and take appropriate action on any discrepancies.
- I am expected to comply with internal control procedures to protect University expenses and assets. This includes prompt and accurate review & reconciliation of monthly transactions, prompt resolution of discrepancies and submission of documents to the Credit Card Administrator in a timely manner.
- I agree to be the sole user of the University Credit Card issued to me. However, I may allow use of the Card to a responsible colleague for online purchases on my behalf. I am ultimately responsible to ensure that the purchase is authorized and receipts are obtained to verify the transaction.
- When making my travel arrangements (Egencia and Carlson Wagonlit excluded) or conference registrations, the traveler must use their Simmons University credit card. Administrative Assistants should not be using a departmental credit card for their supervisor’s travel arrangements.
- I agree to return the card immediately upon request or upon termination of employment to my Department Head for transfer to the Office of Purchasing.
- In addition, I must follow proper security measures for safeguarding the card. If the card is lost or stolen, I must report it **immediately** to JPMorganChase (24/7) at 1-800-270-7760. I am also required to notify the Simmons University Credit Card Administrator, Kelly Williams, at Kelly.Williams@simmon.edu or 617-521-2155 or Anastasia Thrush, at Anastasia.Thrush@simmons.edu or 617-521-2797.

Cardholder’s Signature: _____

Date: _____

Department: _____

Visa Account Number (last 4 digits): _____