



CTS CARD EMPLOYEE AGREEMENT

Cardholder Name (full, legal): _____ Workday ID#: _____
First Last

Department: _____

Office Phone #: _____ Email Address: _____

I, as an authorized and approved CTS liaison, fully understand, accept, and agree to the following terms and conditions regarding the use and safekeeping of the purchasing card(s) entrusted to me:

1. I accept full personal responsibility for the safekeeping of all CTS Cards assigned to me and that no one, other than myself, is permitted to use the CTS Card assigned to me for any reason.
2. I will be making financial commitments on behalf of the University of Arkansas at Little Rock and will always endeavor to obtain fair and reasonable prices.
3. I will attend all required training associated with the use of the CTS Card and agree to follow all current and future procedures established.
4. I will not use the CTS Card for non-UA Little Rock official business and unauthorized or personal purchases.
5. I will immediately report the theft or loss of the CTS Card or fraudulent transactions to Bank of America by phone at 888-449-2273, my supervisor, and the UA Little Rock Credit Card Facilitator, 501-916-5727.
6. I will surrender my CTS Card(s) upon: (a) my termination of employment with UA Little Rock; (b) transfer to another department within UA Little Rock; or (c) request of my supervisor or the UA Little Rock Credit Card Facilitator.
 - a. Further, I understand that my last paycheck will be withheld until the CTS Card(s) are properly surrendered, as required.
7. I understand that any purchases made by me with the CTS Card will be recorded and reviewed by management for payments, possible discrepancies, and appropriateness of purchase.
8. I understand that I am personally responsible for all transactions made with my CTS Card, obtaining all detailed receipts, and submitting them per the UA Little Rock credit card procedures.
9. I understand that failure to follow any of the above-listed terms and conditions or if found to have misused the CTS Card in any manner may result in: (a) revocation of the privilege to use the CTS Card; (b) disciplinary action; or (c) termination of employment and/or criminal charges being filed with the appropriate authority.

Employee/Cardholder (printed - full legal name)

Employee (signature - full legal name)

Date

Approved by:

Employee Manager (printed name)

Employee Manager (signature)

Date

Dean or Dept. Head (printed name)

Dean or Dept. Head (signature)

Date

Allen Stanley

Vice Chancellor for Finance & Admin.
(printed name)

Vice Chancellor for Finance & Admin.
(signature)

Date

Credit Card Facilitator (printed name)

Credit Card Facilitator (signature)

Date