



Credit Card Agreement

(When applying for a new card, this form is to be accompanied by a completed College Corporate Card Application)

1. I agree that I have read the policies and procedures on the Smith College website, I will stay apprised of changes as they are announced in e-Digest and I agree to accept responsibility for the protection and proper use of this credit card.
2. All of my transactions will be reconciled in Workday, adhering to the requirements outlined by Smith College. I will submit the transactions to my supervisor for approval.
3. Only the Cardholder whose name is embossed on the credit card is authorized to use the College Corporate Card Program and is responsible for ensuring that all charges made are in compliance with these policies and procedures. College Corporate Card Program sharing is prohibited.
4. I affirm that I am properly authorized to make expenditures through the College Corporate Card Program. I will not expend funds without proper authorization, nor will I make transfers of expenses from this account to any other account without first receiving proper authorization.
5. I understand these responsibilities and I agree to comply with all Smith College policies and procedures regarding the use of the College Corporate Card Program, including the careful and timely submission of proper records and any additional policies and procedures required by my department or grant.
6. I understand that the college may revoke my use of the College Corporate Card Program if I violate one or more of the College Corporate Card Program policies.
7. I agree to return the card to the Purchasing Department at College Hall Room 204 immediately upon cessation of my employment or at any time upon the request of the Purchasing Office.

By signing below I agree that I am ultimately responsible for my transactions and agree to the terms above.

PLEASE PRINT CLEARLY – ALL FIELDS ARE REQUIRED

Name of Cardholder: _____ Smith Employee ID: _____

Email Address: _____ Campus Phone Extention _____

Department _____

Printed Name and Title of Supervisor: _____

Signature of Supervisor: _____

Signature of Cardholder: _____ Date: _____