JMU Wells Fargo WellsOne

VISA Commercial Credit Card

**EMPLOYEE CARDHOLDER AGREEMENT**

I (1) , agree to the following regarding my use of the Wells Fargo Bank (WFB) WellsOne VISA Commercial Credit Card.

1. I understand that I am being entrusted with a powerful and valuable tool – a corporate credit card which functions as a declining balance card – and will be making financial commitments on behalf of James Madison University. I will strive to obtain the best value on behalf of James Madison University.
2. I will not allow others to use my WellsOne Card and will ensure that my WellsOne Card is kept securely at all times.
3. I agree that the WellsOne Card may be only used for official business and travel expenses.
4. I will endeavor to obtain receipts, which reflect the amount of sale/use tax paid to the vendor and which detail the items purchased.
5. I acknowledge the requirement to submit a copy of a completed Travel Authorization and WellsOne Funding Request to UBO in order to request funding on a WellsOne card.
6. I agree to submit a Travel Expense Reimbursement Voucher (TERV) upon completion of each travel event and to include on the first line of the TERV the amount actually expended against the WellsOne card.
7. I am aware my WellsOne Card has limits and I agree to track and to abide by those limits.
8. I understand that the purchase of alcoholic beverages with this card is prohibited.
9. I agree that if I violate the terms of this Agreement and use the WellsOne Card inappropriately I will be required to reimburse James Madison University for all incurred charges and any fees related to the collection of those charges, including failure to return the card as required by the University. I further understand these charges and/or fees may be withheld from my University pay as appropriate.
10. I understand that failure to follow these procedures may result in revocation of my use privileges

\_\_\_\_\_\_\_\_\_\_(2)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **(5)**

Employee Name (Print) Phone

\_\_\_\_\_\_\_\_\_\_(3)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **(6)**

Employee Name (Signature & Date) Email

\_\_\_\_\_\_\_\_\_\_(4)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **(7)**

Employee ID# Department