

JMU Prepaid Payment Card EMPLOYEE CARDHOLDER AGREEMENT

I _____, agree to the following regarding my use of the Prepaid Payment Card.

1. I will not allow others to use my card and will ensure that my card is kept secure at all times.
2. I agree that the card may only be used for official business and travel expenses.
3. I understand that the purchase of alcoholic beverages with this card is prohibited.
4. I am aware my Prepaid Payment Card has funding limits and I agree to track and to abide by those limits. I understand the university does not have access to my card balance or the capability to reset my online account access.
5. I acknowledge that I have been provided and have reviewed the associated fee schedule for this Prepaid Payment Card.
6. I acknowledge the requirement to submit a completed GSA Per Diem Calculation form and a Prepaid Payment Card Funding Request in order to request funding on this Prepaid Payment Card. All international travel also requires a copy of a completed and approved Pre-Approval.
7. **I agree to submit an Expense Report upon completion of each travel event and to include the amount actually funded on the Prepaid Payment card.**

8. I agree that if I violate the terms of this Agreement and use the 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 submit the timely and properly completed Expense Report following each trip. I further understand these charges and/or fees may be withheld from my University pay as appropriate (according to University Policy 4502).
9. I understand that failure to follow these procedures may result in revocation of my card use privileges.

Employee Name (Print/Type)

Department or Team (Print/Type)

Street Address (Print/Type)

City, State, Zip (Print/Type)

Date of Birth (DD/MM/YYYY)

JMU Email

Employee ID#

Phone Number

Employee Signature & Date