

**The University of Tennessee  
Departmental Procurement Card  
Cardholder Agreement**

You are being entrusted with a University of Tennessee Departmental Procurement/Purchasing Card. The card is provided to you based on your need to make purchases on behalf of the University. It is not an entitlement nor reflection of title or position. The Card may be revoked at any time without your permission. Your signature below indicates that you have read and will comply with the terms of this agreement.

1. I understand that I will be making financial commitments on behalf of The University of Tennessee and will strive to obtain the best value.
2. I have read and will follow University fiscal policy on procurement cards (Policy 051). Failure to do so could be considered as misappropriation of University funds. Failure to comply with this Agreement may result in either revocation of my use privileges or other disciplinary actions, up to and including termination of employment.
3. I understand that under no circumstances will I use the Card to make personal purchases, either for myself or for others. Using the Card for personal charges could be considered misappropriation of University funds and I am responsible for reimbursing the University for those personal charges and any fees related to the collection of those charges.
4. The Card is issued in my name.
5. The Card is the property of First Tennessee Bank and The University of Tennessee. I understand that I may be periodically asked to produce the Card to validate its existence and account number.
6. If the Card is lost or stolen, I will immediately notify First Tennessee Bank by telephone at (800) 234-2840. I will also notify the University's Program Administrator by telephone at (865) 974-2302.
7. I will print a monthly statement, which will report all purchasing activity during the statement period. Since I am responsible for all charges on the Card, I will review the statement for accuracy and sign the statement as my indication that all transactions are appropriate and in compliance with University policy. I will be responsible for resolving any discrepancies on the statement by contacting the merchant/supplier.
8. I will obtain receipts and maintain detailed information for each card transaction. It is my responsibility (or designee) to match an appropriate receipt to each transaction on my monthly statement and retain signed statements and matching receipts for six (6) years.

---

**Employee Name (Print)**

---

**Card Number**

---

**Employee Signature**

---

**Date**