

**PCard Employee Agreement**

**(ALL SHADED FIELDS MUST BE COMPLETED)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Name:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **Work Telephone:** |   |   |  **Work Email:** |  |  |
|  |  |  |  |  |
|  | **Policy Default Credit Limit** | **Select Credit Limit Needed** | **Requested Credit Limit** **(If warranted by your job)** | **Supervisor Signature Approval** **(Required)** |
| **UNH Standard (covers operating expenses)** | $1,500 | YES | NO |  |  |   |
| **UNH Travel (covers travel expenses)****(UNH Travel)** | $5,000 | YES  | NO |  |  |  |
|  |  |  |  |  |  |  |
| **DEFAULT BANNER INDEX: (Required)** |   |   | **Additional INDEXES: (List all that apply in the cells to the right)** |  |   |  |  |  |  |  |  |  |  |

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| **Business Justification for Card (Print Neatly):**  |

**I hereby request a UNH P-Card. As a Cardholder I agree to comply with the following terms and conditions:**

1. I understand that I am being entrusted with a valuable purchasing tool and will be making financial commitments.
2. I understand UNH is liable to Wells Fargo for all charges made on the card.
3. I agree to use the P-Card for approved purchases only and agree not to make personal purchases. I understand UNH will review the use of this card and the related management reports and take appropriate actions regarding any discrepancies.
4. I will follow the established policies and procedures for the use of the PCard. Failure to do so may result in either revocation of my privileges or other disciplinary actions, including termination of employment.
5. I agree to return the P-Card immediately upon request or termination of employment. Should there be any organizational change which may cause my accounting information to likewise change, I also agree to return my PCard and request a new one, if appropriate.
6. If the P-Card is lost or stolen, or otherwise compromised, I agree to notify the PCard Administrator and Wells Fargo as soon as possible.

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| --- | --- | --- | --- | --- |
| **Requestor Signature:** |  |  | **Date:** |  |

 **Financial Manager/ Supervisor** (P-Card statement approval will be mapped to Financial Manager/Supervisor)

1. I hereby certify that I have examined the requestor’s duties and agree with the above request and limits including any limit override requests.
2. I understand I will be required to electronically approve this PCard holders expenses and supporting documentation for each billing transaction cycle.

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| **Financial Manager/ Supervisor Signature:** |  |  | **Date:** |  |
| Printed or typed name: |  |

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| --- | --- |
| **Business Office Use Only** **Date User Trained and Card Issued:**  | **Cardholder’s Signature when card received:** |