Cardholder Agreement Form

Instructions: (1) Select your campus; (2) Complete all required information highlighted in yellow, sign where appropriate and forward an electronic copy to **creditcard@ucsf.edu**

☐	UC Berkeley	☐	UC San Francisco Campus	☐	UC San Francisco "Medical Center"

I, _____, (Print Your Full First and Last Name) acknowledge receipt of University of California Procurement Card.

Last "4" digits shown on your plastic card (DO NOT include security code) _____

Employee ID #: _____

Department Name: _____ Department ID #: _____

I understand that this card, which is issued in my name, is University property and cannot be used to obtain goods or services for personal use or non-University activities. I also understand that I may not share the card account number with anyone, including any other University employee. As a Cardholder, I agree:

- To safeguard this card and card account number and insure they are used only for the purposes delegated in this agreement.
- To purchase only those goods and services which are allowed by the Low Value Procurement Authorization (LVPA,) and by the terms and conditions of the funding source. (Ref: BUS 43; Deans and Directors Memo) dated Sept. 1,1995)
- To always observe UC purchasing policy and procedure, as outlined in the Procurement Card Reference Guide posted on the card program website and elsewhere.
- To act as a responsible University purchasing agent and to observe appropriate separation of purchasing and to observe appropriate separation of purchasing and accounting duties within my department.
- To provide accurate and complete documentation of my card purchases for department recordkeeping purposes.
- To use fair and ethical business practices when procuring goods and services for the University and not engage in situations that may be characterized as a conflict of interest.
- To seek the best value and support the University's policy of ensuring equal opportunity for all small business, enterprises, including disadvantaged, women-owned and disabled veteran business enterprises.
- I further understand that improper use of this card may result in forfeiture of the card, financial restitution to the University, and disciplinary action, up to and including termination and criminal prosecution.
- I understand that the University will audit the use of this card and report any discrepancies.
- I understand that the University may terminate my right to use this card at any time for any reason.
- Upon termination of employment with the University, or if I should leave my current position, I agree to destroy the card and inform the authorized signer or card program services to close my account immediately and forward report of remaining charges to my reviewer/approver.

_____ _____

Cardholder's signature Date

FOR SUPPLY CHAIN MANAGEMENT USE ONLY

Received By (Initials only):	Customer Ticket #:	Card Product:	US Bank Update:	PS/BFS Update: