



Wabash College Purchasing Cardholder Agreement

I, (employee name) _____, acknowledge receipt of a Wabash College Purchasing card. As a cardholder, I agree that:

- I have received a copy of the Purchasing Card Policies and Procedures and confirm that I have read and understand the terms and conditions. I will comply with them and any revised changes published by the College.
- I understand that I am accountable for the purchasing card commitments I am making on behalf of Wabash College. I understand that Wabash College is liable to JP Morgan Chase for all charges made by me.
- I accept responsibility for the protection and proper use of this card and will keep proper support documents for all purchases as outlined in this Agreement and Policies.
- I understand Wabash personnel will review the use of the purchasing card.
- I understand that I cannot use the purchasing card for restricted commodities listed in the Purchasing Card Policies and Procedures.
- I understand that the College has preferred vendor relationships and will honor them as much as possible.
- If my assigned purchasing card is lost or stolen, I will notify my supervisor, purchasing@wabash.edu and JP Morgan Chase at-1-800-316-6056 immediately.
- I understand that improper use of the purchasing card may result in disciplinary action up to and including termination of employment.
- If I should fail to use the purchasing card properly, I authorize Wabash College to deduct from my wages or from any other amounts payable to me, an amount equal to the total of the improper purchases.
- I will take any steps necessary to permit Wabash College to collect any amounts owed by me even if I am no longer employed by Wabash College. If Wabash College initiates legal proceedings to recover amounts owed by me under this Agreement, I agree to pay legal fees incurred by Wabash College in such proceedings.
- Wabash College may terminate my privilege to use the purchasing card at any time for any reason.
- I will return the purchasing card to Human Resources or the Director of Auxiliary & Insurance Services upon request or upon termination of employment.

Cardholder Signature

Date

Department

Director of Auxiliary & Insurance Services (or designee)

Date

- To complete the form electronically, your machine will need Acrobat, Adobe Reader, or Apple Preview.
- If you need instructions on how to create a Digital ID for the NP-1 form, please click [here](#).
- Send the signed form to purchasing@wabash.edu