

ATTACHMENT 1

CLAREMONT MCKENNA COLLEGE
Purchase Card Program
Employee Agreement

I, _____, hereby request a Purchase Card. As a holder I agree to comply with the following terms and conditions regarding my use of the Purchase Card:

1. I understand that I will be making financial commitments on behalf of **CLAREMONT MCKENNA COLLEGE (the College or CMC)** and will strive to obtain the best value for the College.
2. I understand that the College is liable to Wells Fargo Bank for all charges made on Purchase Card (the Card) assigned to me.
3. I agree that the Card may only be used for approved business purchases and may not be used for personal purposes. I understand that the Treasurer's Office or CUC Office of Financial Services may audit the use of the Card at any time.
4. I will follow the established policies and procedures for use of the Card. Failure to do so may result in suspension or revocation of the Card, as well as disciplinary actions or termination of employment and, if applicable, criminal prosecution.
5. I have been given a copy of the Purchase Card Policy & Procedures Manuel and understand the requirements for the Card's use, including the requirement that all items purchased using the Purchase Card must be reconciled through the online Commercial Card Expense Reporting (CCER) system within 10 days of receipt of the statement. I understand that a Reconciler may be assigned to complete the online reconciliation for me in accordance with the Purchase Card Policy & Procedure. Assignment of a Reconciler is at the discretion of the Approving Supervisor.
6. I agree to return the Card immediately upon request or upon termination of employment (including retirement). Should there be any organizational change that causes my cost center to likewise change, I also agree to return my Card and arrange for a new one, if appropriate.
7. I understand that purchases made via the Card must adhere to the College's policy for reimbursement for travel, entertainment and other business expenses.
8. I agree that if I should violate the terms of this Agreement and use the Card for personal use or gain, I will reimburse CMC for all incurred charges and any fees related to the collection of those charges within 10 business days of the statement end date.
9. If my Card is lost or stolen, I will notify the Program Coordinator and Wells Fargo Bank immediately.

Employee Signature	Date
Employee Name (Print)	CMC ID Number
Approved Account Reconciler	Home Account (List Worktags)
500 E 9th Street, Claremont, CA 91711	
Official College Address (<i>to be used when making purchases</i>)	
Supervisor Signature	Date
Program Coordinator Signature	Date