CARDHOLDER ENROLLMENT FORM

EMPLOYEE INFORMATION

☐ New Emp  ☐ Transferred Emp  ☐ Current Emp  Have you ever obtained an SMU Card?  Y  N

Hire Date: ______________
(Application must be submitted at least 90 days after hire date.)

Employment Status  FT
Only full time employees are eligible.

Department Name: ____________________________________________

First Name  Middle Initial  Last Name
PO BOX  750  DALLAS  TX  75275-
Statement Address (SMU P.O. Box #) REQUIRED
City  State  Zip Code

Cardholder Home Address
City  State  Zip Code

E-mail Address

Date of Birth (mm/dd/yyyy)  SMU Employee ID

CARDHOLDER DEFAULTS

SMU Card Profile:  Purchase & Travel  Purchase Only  Travel Only

Card Spending Limits:  Single Limit  Monthly Limit
☐ $1,000  /  $5,000  (standard)

☐ $_________  /  $_________

Org Code: ______________

APPROVAL SIGNATURE

Applicant’s Signature / Date  Manager’s Signature / Date  Business Financial Officer’s Signature/Date

(Printed Name)  (Printed Name)  (Printed Name)

Purchasing Services Use Only:  Date  __________  Account Number  __________  Hierarchy Assignment

___Added to card List Serve  ___PaymentNet Employee Profile Set up

Updated 1/23/2019
I (employee name) ________________________, as the Cardholder, I agree to the following conditions and will abide by the conflict of interest requirements below regarding my use of Southern Methodist University SMU Card:

CONDITIONS

1. I understand that by using the SMU Card, I will be making financial commitments on behalf of Southern Methodist University and that the University will be liable for all charges made with the SMU Card.

2. I will strive to obtain the best value for the University when purchasing merchandise with the SMU Card and will pursue paying vendors via the traditional AP process whenever possible or required per the Purchasing or SMU Policies and Procedures.

3. I agree to use the SMU Card only for authorized purchases and in an appropriate manner in accordance with the University's Policies and Procedures. I understand that the SMU Card is NOT for any type of personal use even if I plan to reimburse the University. ____________ (Please initial)

4. I understand that if I make an unauthorized purchase with the SMU Card or use the SMU Card in an inappropriate manner, such as splitting charges to circumvent card limits, I will be subject to disciplinary action including possible:

   • Card cancellation
   • Cardholder authorized payroll deduction for charges unapproved for business use
   • Termination of employment at the Southern Methodist University
   • Criminal prosecution
   • All of the above

5. I authorize the University to deduct from my salary any and all amounts for any and all prohibited purchases made on my SMU Card that are prohibited by University policies and procedures; as well as any unreconciled charges that have not been reported and approved by the appropriate budgetary authority at the time of my departure from the University.

6. I understand that the University will monitor and audit my use of the SMU Card.

7. I agree to return the SMU Card to the Authorized Manager within my department or administrative area, as defined the SMU Card Program Procedures, immediately upon the request by the Program Administrator or upon my transfer to a different department or upon termination of my employment at Southern Methodist University.

8. I have received a copy of the Southern Methodist University SMU Card Program Procedures Manual, understand it and will abide by all the requirements set forth in the Manual.
CONFLICT OF INTEREST

1. Unless specific written exception has been obtained from the Vice President of Business and Finance, no employee, officer, or agent of the University shall participate in the selection, award or administration of purchases or contracts where to his or her knowledge, the employee, his or her immediate family, or partner has a financial interest in the supplier's organization.

2. Employees, officers, and agents of the University shall neither solicit nor accept cash, gratuities, favors, or anything of monetary value from suppliers or potential suppliers.

3. The Cardholder will abide by the University Policies of conduct as stated in Policy 7.23 (Personal Conduct), and Policy 7.28 (Dishonest, Fraudulent and Illegal Practices).

4. Employees, officers, and agents of the University who knowingly violate this policy will be subject to such disciplinary actions as stated in the University Policy 6.16 (Procedural Standards for Faculty Sanctions and Dismissals) and Policy 7.24 (Corrective Disciplinary Procedures for Non-Faculty Personnel) as appropriate.

My signature below indicates that I have read this agreement, understand it, and agree to be bound by it, and any subsequent amendments or addenda, for as long as I am a SMU CARD Cardholder at Southern Methodist University.

Employee Signature: __________________________ Date: ________________

SMU Employee ID (for identification purposes only): 0- __________________________

College and/or Department Name: __________________________