



**CENTRAL  
PIEDMONT  
COMMUNITY  
COLLEGE**

## **VISA PURCHASING CARD Employee Agreement**

I, (employee name) \_\_\_\_\_, hereby request a VISA P-Card. As a cardholder I agree to comply with the following terms and conditions regarding my use of the Card:

- I understand that I am being entrusted with a valuable tool—a State of North Carolina VISA Purchasing Card—and will be making financial commitments on behalf of Central Piedmont Community College.
- I will strive to obtain the best value for the College by using “preferred suppliers” as identified by Procurement Services.
- I understand that the College is liable to MBNA America for all charges made on the P-Card.
- I agree to use this P-Card for approved purchases only and agree not to charge personal purchases. I understand that Procurement Services and Accounts Payable will audit the use of this P-Card and report and take appropriate action on any discrepancies.
- I will follow the established procedures for the use of the P-Card. Failure to do so may result in either revocation of my use of the P-Card or other disciplinary actions, including discipline in accordance with the CPCC Policies and Procedures Manual.
- I have reviewed a copy of the VISA P-Card Procedures Manual at <http://inside.cpcc.cc.nc.us> and understand the requirements and applications for the Card’s use.
- I agree to return the P-Card immediately to the Supervisor of Procurement, upon request, or upon termination of employment (including retirement).
- If the P-Card is lost or stolen, I agree to notify the Supervisor of Procurement at (704) 330-4469 and MBNA America at 1-877-543-4453 immediately, in order to reduce the college’s liability.

\_\_\_\_\_  
EMPLOYEE NAME (please print full name)

\_\_\_\_\_  
EMPLOYEE SIGNATURE DATE

\_\_\_\_\_  
EMPLOYEE’S SOCIAL SECURITY NUMBER

\_\_\_\_\_  
COLLEGE LOCATION (building/room) TELEPHONE NUMBER

\_\_\_\_\_  
ACCOUNT NUMBER DEPARTMENT

\_\_\_\_\_  
ACCOUNT MANAGER SIGNATURE DATE