###### *Agreement To Accept The Purchasing Card*

The Purchasing Card represents Vancouver Island University’s (VIU) trust in you. You are empowered as a responsible agent to safeguard VIU assets. Your signature below is verification that you have read the Purchasing Card booklet and agree to comply with the Purchasing Card guidelines as set out therein, as well as the following responsibilities:

1. I understand the Purchasing Card is for VIU approved purchases only, and I agree not to charge purchases outside the parameters described in the Purchasing Card booklet.
2. Improper use of this card can be considered misappropriation of VIU funds. This will result in disciplinary action, up to and including termination of employment.
3. If the card is lost or stolen, I will immediately notify the Royal Bank and the Plan Administrator by telephone. I will confirm the telephone call with a written notice sent by mail or facsimile with a copy of the notification to the Plan Administrator.
4. I agree to surrender the card immediately upon severance of employment.
5. The card is issued in my name. I will not allow any other person to use the card. I am considered responsible for any and all charges against the card.
6. All charges will be billed directly to and paid directly by VIU. US Bank Canada cannot accept any moneys from me directly, therefore any personal charges billed to VIU could be considered misappropriation of VIU funds.
7. As the Card is VIU property, I understand that I may be periodically required to comply with internal control procedures designed to protect VIU assets. This may include being asked to produce the card to validate its existence and account number. I agree to obtain and forward to Accounting original receipts for every purchase as per Procedures Manual.
8. I will receive a Monthly Reconciliation statement, which will report all activity during the statement period. Since I am responsible for all charges (but not for payment) on the card, I will resolve any discrepancies by either contacting the supplier or the Royal Bank.
9. The charges made against my card are automatically paid against the account assigned to the card as specified in the New Account Information Record. To change an account, please provide a written request to the Plan Administrator.
10. I understand the Purchasing Card is not necessarily provided to all employees. Assignment is based on my need to purchase materials for VIU. My card may be revoked based on change of assignment or location. I understand that the card is not an entitlement, nor reflective of title or position.

By signing below, you, the cardholder, are confirming that you have read the above, that you understand the above, that you are in agreement with the above. Variances to limits set out below and travel use require Dean, Director or Campus Principal signature.

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| Signature of Cardholder |  | Signature of Budget Holder |
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| Print Name |  | Print Name |
| /transaction limit: $1,000 |  | Monthly Limit: $5000.00 |
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| Card Number |  |  |
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| Travel Use Required? Yes \_\_\_ No \_\_\_ |  | Dean/Director/Campus Principal Signature for **travel** use required |
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| Card received by: |  |  |
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 *VISA® PURCHASING CARD / CARTE VISA® ACHATS*

\* Required Fields Employee Card Application

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| **REQUEST TYPE / TYPE DE DEMANDE** |

Account Number (For Bank Use Only)

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|  | Issue Plastics / Emettre une carte |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | Do Not Issue Plastics / Ne pas émettre de carte |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Additional Comments/Instructions/Notes/directives additionnelles

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| Complete ALL information | Fournir TOUS les |  |
| Fields Below Unless Indicated | renseignements demandes |  |
| Otherwise | ci-dessous, sauf indication contraire | □ Standard □ Travel |
| **EMPLOYEE INFORMATION / DONNEES SUR L’EMPLOYE** | | | |

\*Given Names / Prénom Middle Names / Deuxieme Prénom

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Surname / Nom \*Birthdate (MM-DD-YYYY)

Date de naissance (JJ-MM-AAAA)

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Company Name / Raison sociale

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Address / Adresse

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City / Ville Province Postal Code / Code postal

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\*Accounting Code / Code comptable

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\*Home Phone / Tél. au domicile \*Business Phone / Tél. au bureau \*Employee No. / No de l’employé

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Cash Advance % \*Monthly Credit Limit \*Single Transaction Limit \*Mother’s Maiden Name / Nom de fille de la mère % avance de fonds Limite de credit mensuelle Limite par opération

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| **UNIT INFORMATION / DONNEES SUR L’UNITE** |

Company Number Bank Assigned Division (Numeric) Department (Numeric)

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| **COMPANY AUTHORIZATION / AUTORISATION DE L’ENTREPRISE** | | | | | | | |
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Employee Signature Date Approving Manager’s Signature Date

Signature de l’employé Signature du directeur autorisé

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FORM. 3124 (9-95) Plan Administrator Signature Date