

UVM Fuel Cardholder Agreement

I (employee name) _____, as the cardholder, agree to the following conditions regarding my use of the University fuel card:

1. I understand that by using the fuel card, I will be making financial commitments on behalf of the University and that the University will not be liable for charges made with the fuel card if not in compliance with this agreement and the fuel card operating procedures.
2. I will strive to obtain the best value for the University when purchasing fuel with the fuel card.
3. I agree to use the fuel card only for authorized purchases and in appropriate manner as defined in the fuel card operating procedures.
4. I understand that should I make an unauthorized purchase with the fuel card or use the fuel card in an inappropriate manner, I will be subject to disciplinary action including possible card cancellation, termination of employment at the University of Vermont and criminal prosecution. I further agree that should I make an unauthorized purchase with the fuel card, I will reimburse the University in full. Should payment in full not be made within fifteen (15) days of the date on which I was notified of my obligation to reimburse the University, I hereby authorize the University to deduct from my paycheck the exact amount of my debt. Should my employment at the University terminate prior to my reimbursing the University in full, I hereby authorize the University to deduct from my final paycheck the amount of my debt.
5. I understand that the University will monitor and audit my use of the fuel card.
6. I agree to return the fuel card to an authorized University representative immediately upon the request of the Disbursement Center Purchasing Card team, the department coordinator, or upon my transfer to a different department or upon termination of my employment at the University.
7. I have reviewed the University Fuel Card Program Procedures and will abide by all the requirements set forth in said procedures. 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 fuel cardholder at the University.

Employee Signature: _____ Date: _____

Employee ID Number (for identification purposes only): _____

Supervisor Signature: _____ Date: _____

Department Name: _____

Route the completed application to department coordinator.