

CORPORATE CREDIT CARD – CARDHOLDER AFFIRMATION STATEMENT

In consideration of Andrews University providing a corporate credit card for my business use:

_____ (initial here) **I hereby acknowledge that I have read and agree to comply with the corporate credit card policy that was provided to me.**

I understand that my privilege of having a corporate card and spending on behalf of the University may be suspended or revoked if:

- I do not follow procedures as listed in the credit card policy
- I have frequent issues or problems with late CR report submissions
- I misuse the card by having too many personal charges
- I have too many missing receipts

Additionally, I agree that any unaccounted purchases or personal purchases that I incur will be my personal responsibility and reimbursable to Andrews University. I further authorize that any of these purchases may ultimately be charged to my Andrews University ID Account, _____, and if not paid on a timely basis, said charges will be deducted from my payroll.

Applicant

Date

Last four digits of Social Security Number: _____

Cell phone number for security alerts/notifications: _____

Original signed copy to be retained by Financial Records.