

**DEPARTMENTAL CAMPUS CURRENCY
CARDHOLDER AGREEMENT**

Jefferson is pleased to present you with the Departmental Campus Currency Card. It represents Jefferson’s trust in you and your empowerment as a responsible employee of Jefferson to safeguard and protect our assets.

I, _____, recipient of a Departmental Campus Currency Card, agree to comply with the terms and conditions of this agreement. I understand that my department is liable to Jefferson for all charges made by me.

As the holder of this Departmental Campus Currency Card, I agree to accept responsibility for the protection and proper use of this card as outlined in this agreement. I understand that the Departmental Campus Currency Card is to be stored in a secure location at all times and may only be used by me. I agree to use this card for approved Jefferson catering purchases only and further agree not to charge personal purchases.

I understand that Jefferson will audit the use of this Departmental Campus Currency Card. I agree to maintain supporting documentation for all departmental catering expenses. The individual providing departmental approval below will receive an electronic report of all Departmental Campus Currency Card transactions at the end of each month.

I further understand that improper use of this Departmental Campus Currency Card may result in disciplinary action up to and including termination of employment. Should I fail to use this card properly, I authorize Jefferson to deduct from my salary an amount equal to the total of the improper purchases but in no case more than 10% of each paycheck. I agree to allow Jefferson to collect any payments owed by me even if I am no longer employed by Jefferson, and I agree to pay any costs, including legal fees, involved in such collection attempts no later than thirty days after the conclusion of such proceedings.

I understand that Jefferson may terminate my right to use this Departmental Campus Currency Card at any time for any reason. I agree to return the Departmental Campus Currency Card to Jefferson Integrated Card Services immediately upon request, termination of employment, or transfer to another position within Jefferson.

CARDHOLDER

NAME:

CAMPUS KEY:

DEPARTMENT:

CAMPUS PHONE:

EMAIL ADDRESS:

SIGNATURE:

DEPARTMENTAL APPROVAL

NAME:

TITLE:

EMAIL ADDRESS:

DEPARTMENTAL CARD CHARGE CODE:

SIGNATURE: