



Brigham Young University-Hawaii
Financial Services

Corporate Card Application

Cardholder Information - All fields are required for card to be processed

First Name

H

Middle Initial

Last Name

BYUH Employee ID Number

Date of Birth (MM/DD/YYYY)

Business Mailing Address: BYUH# 55-220 Kulanui St. Bldg 5, Laie, HI 96762-1293

BYUH Email Address

() Business Phone Number

Corporate Card Information

Second Line of Embossing: BYU-Hawaii

BYUH Corporate Card

Card Group

Card Limit Profile: Monthly Credit Limit: Single Transaction Limit:

Corporate Card for Travel and Non-Travel

Corporate Card for Travel use only

Cardholder/Approval Signatures- All fields are required for card to be processed

Signature of Cardholder

Date

Signature of Director/Dean

Date

Signature of Controller

Date

For Financial Services Office use ONLY:

Existing/New Works User ID

Don't give any roles

Card Limit Profile



Corporate Card Program Cardholder Agreement

I (name) _____, as the Cardholder; am currently a Brigham Young University- Hawaii employee and agree to the following terms and conditions regarding my use of a credit card issued to me for approved university related expenses:

1. I understand that by using the Corporate Card, I will be making financial commitments on behalf of the _____ Department and that the Department will be liable for all charges made with the Corporate Card. Therefore, all commitments will be under the direction and approval of my supervisor.
2. I agree to use the Corporate Card only for authorized purchases, in an appropriate manner, as defined by the department, and in accordance with the Purchasing Card Procedures and Travel Procedures.
3. I will strive to obtain the best value for the Department when purchasing merchandise and/or services with the Corporate Card.
4. I understand that I am the only person authorized to use the Corporate Card. I will make every effort to safeguard the Corporate Card and prevent it from being used by any other person or for personal benefit.
5. I understand that I am expected to provide detailed receipts and the *Card* sales slips when reconciling my transactions in the Workday system. My Director/Dean will review a monthly electronic statement which will show the purchases I have incurred and the account to which they were billed. The Director/Dean will approve all transactions in the Workday system.
6. A lost or stolen card will be immediately reported by telephone to BAML Customer Service at 888-449-2273 OR 509-353-6656 (for collect calls originating outside the United States). In addition, I will immediately report this loss to Financial Services.
7. I understand that should I make an unauthorized purchase or use the Corporate Card in an inappropriate manner, I will be subject to disciplinary action, including potential termination from employment.
8. I will indemnify BYU-Hawaii against any misuse of the Corporate Card by me or by any to whom I allowed use of the Corporate Card, including without limitation, reimbursement of any charges contrary to the terms of this Agreement and paying any costs and attorney's fees arising from such misuse of the Corporate Card.
9. I will surrender the Corporate Card to an authorized Department representative (Supervisor, Manager, Controller or Purchasing Card Manager) immediately upon request or upon my transfer to a different Department or upon my termination (voluntary or involuntary) or retirement from my employment.

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 Corporate Cardholder of BYU-Hawaii.

Cardholder Signature: _____

Date: _____

Director/Dean signature: _____

Date: _____