



AGREEMENT SIGNATURE PAGE

I have read the entire agreement. As the holder of a Smith College Procurement Card, I agree to accept responsibility for the protection and proper use of this credit card.

I affirm that I am properly authorized to make expenditures through the Procurement Card Program from the funding source described below as "Account Code". I will not expend funds from this account without proper authorization, nor will I make transfers of expenses from this account to any other account without first receiving proper authorization.

I understand these responsibilities, and I agree to comply with all Smith College policies and procedures regarding the use of the Procurement Card, including the careful and timely submission of proper records to the Controller's Office, and any additional policies and procedures required by my department or grant. I understand that the college may revoke my use of the procurement card if I violate one or more of these policies.

I agree to return the card to the Purchasing Department at 126 West Street, immediately upon cessation of my employment, upon transfer to another department, or at any time upon the request of the Purchasing Office or the Controller's Office of the College

(Do not separate)
PLEASE PRINT CLEARLY

Name of Card Holder: _____

Email Address: _____ Campus Phone Extension: _____

Department _____ Account Code: _____
Fund/Org/Acct

Printed Name and title of supervisor: _____

Email address of supervisor: _____

Signature of supervisor: _____ Date: _____

Signature of cardholder: _____ Date: _____

All Information Must Be Completed.

Please return in campus mail to: Lynn Pelland, Purchasing Assistant, Purchasing Department, 126 West Street