

Full Name:

Position:

Dept / Faculty:

Employee ID:

Monthly Limit:

***Per Transaction Limit:**

BMO Delegate:

I authorize Ontario Tech University to issue a BMO MasterCard to the above-named cardholder. We have read the Credit Card Procedure, Expenses Procedure, and the employee agreement terms below.

Budget Holder Signature

Date

Email the completed form to finops@ontariotechu.ca

EMPLOYEE AGREEMENT

1. By Accepting the BMO MasterCard, through use or retention, from the University, I agree to assume responsibility in accordance with the University Credit Card policy terms and conditions stated below.
2. I understand that the card is for University approved purchases only and it will not be used for personal purchases under any circumstances.
3. If the card is lost or stolen, I will immediately notify BMO MasterCard customer service by telephone. Please note the customer service number is on the back of each card. I will also notify the Card Administrative Coordinator via email at finops@ontariotechu.ca so they can cancel the card in the system.
4. I agree to surrender the card immediately upon termination of employment whether due to voluntary or involuntary reasons or upon request from the Purchase Department or Budget Holder.
5. I understand that I am the only one authorized to use the University BMO MasterCard for purchases.
6. The card is issued in my name, and I will be responsible for all charges against the card ensuring that the charges do not exceed the appropriate University operating budget.
7. All charges will be billed directly to me and paid by the University. The bank cannot accept any money from me directly. Therefore, any personal charges billed to the University could be considered misappropriation of University funds.
8. The card is solely the University's liability. I understand that I will be required to comply with internal control procedures designed to protect University assets.
9. I will review my monthly online BMO MasterCard statement, on or after the 28th of each month, which will report all activity during the statement period. Since I am responsible for all charges (but not the payments) on the card I will resolve discrepancies by contacting the supplier and/or Finance and will note the status on the MasterCard report.
10. I will submit my BMO MasterCard statement in Concur with proper account coding, manager's approval, and all original receipts by the posted deadlines. Failing to do so will result in the default account code used for the monthly statement and the revocation of my credit card privileges.
11. No pre-authorized payments are allowed unless approved by Finance Operations.
12. I understand that the University credit card may be revoked at any time for violation of the above conditions.

I understand and agree to the conditions above.

Employee Signature

Date

Finance Use Only

Card Issue Date:

Finance Approval: