

**AGREEMENT TO ACCEPT A BANK OF AMERICA
PROCUREMENT CARD
ISSUED BY CALIFORNIA STATE UNIVERSITY, FRESNO**

California State University, Fresno is pleased to present to you this Procurement Card (the "ProCard"). It represents the University's trust in you and your empowerment as a responsible employee of the University to safeguard and protect our assets and the tax payers money.

I, _____ hereby acknowledge receipt of a California State University, Fresno Procurement Card, Card Number _____.
As a Cardholder, I agree to comply with the terms and conditions of this Agreement and the applicable provisions of the Bank of America's Procurement Card Manual (the "Manual") provided, and as such Manual may subsequently be revised. I acknowledge receipt of the Manual and training, and confirm that I have read and understood its terms and conditions. I understand the California State University, Fresno (the "University") is liable to Bank of America for all charges made by me.

As the holder of this Procurement Card, I agree to accept responsibility for the protection and proper use of this ProCard as outlined in this Agreement and the Manual. I understand that the University WILL audit the use of this Procurement Card. I understand that I CAN NOT use the Procurement Card for the restricted commodities or uses listed on the back of this Agreement. I understand that commodities, where University Master Agreements are in place, must be purchased from the University's contract suppliers.

I further understand that improper use of this ProCard may result in disciplinary action, up to and including TERMINATION of employment. Should I fail to use this ProCard properly, I authorize the University to deduct from my salary that amount equal to the total of the discrepancy. I also agree to allow the University to collect any amounts owed by me even if I am no longer employed by the University. If the University initiates legal proceedings to recover amounts owed by me under this Agreement, I agree to pay all legal fees incurred by the University in such proceedings.

I understand the University may terminate my rights to use this ProCard at any time for any reason. I agree to return the ProCard to the University immediately upon request or upon termination of employment.

CARDHOLDER:

Signature: _____	Date: _____
SSN: _____	Home Phone: _____
Name (Print): _____	Title: _____
Department: _____	Campus Phone: _____
Home Address: _____	City/ZIP: _____

APPROVING OFFICER:

Signature: _____	Date: _____
Name (Print): _____	Title: _____
Department: _____	Campus Phone: _____