

# ProCard and Travel Card Enrollment Form

**Applicant Name:**

**Applicant Department:**

**Applicant Email:**

**Applicant Phone Number:**

**Applicant Employee ID:**

**Cost Center Manager Name:**

**Cost Center Manager Email:**

**Check All That Apply:**

ProCard

Travel Card

**Requested Card Limits:**

**Single Purchase Limit**  
(To choose our default limit of \$5,000, please leave blank.)

**Monthly Purchase Limit**  
(To choose our default limit of \$10,000, please leave blank.)

**APPLICANT SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**COST CENTER MANAGER SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

## APPLICANT AND COST CENTER MANAGER ACKNOWLEDGEMENTS

I acknowledge and confirm that I have read, understand, and agree to Wellesley College's Policies and Procedures related to ProCards and Travel Cards and have read and understand the Business Conduct Policy. I understand that Wellesley College is liable to Bank of America for all Wellesley College charges.

I agree to use this card for Wellesley College approved purchases only and agree not to charge personal purchases. I understand that Wellesley College will audit the use of this card and report any discrepancies. I also understand that I must notify Wellesley College and Bank of America immediately if my card is lost or misplaced and/or I discover any fraudulent activity on my account. I agree to record the appropriate "business purpose" for all transactions in the Workday system.

I further understand that improper use of this card and/or violation of this agreement may result in disciplinary action up to and including termination of employment. Should I fail to use this card properly, I authorize Wellesley College to deduct the total discrepancy from my paycheck. I also agree to allow Wellesley College to collect any amounts owed by me, even if I am no longer employed by Wellesley College.

I understand that the Purchasing Department, Controller's Office, and/or an authorized outside auditor may request copies or originals of any and/or all receipts from my ProCard and Travel Card transactions.

I understand that Wellesley College may terminate my right to use this card at any time, for any reason. I may also be requested at any time, for any reason, to relinquish the card. I agree to return the card to Wellesley College immediately upon request or upon termination of employment.

**APPLICANT SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

I approve the applicant's request for a card and acknowledge and confirm that I have read, understand, and agree to Wellesley College's Policies and Procedures related to Procurement Card and Travel Card use. I shall review and take action on this cardholder's transaction verifications in a timely manner.

**COST CENTER MANAGER SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_