

Sam's Club Application

Name _____

Department _____

Extension _____

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The Sam's Club Charge Card represents the University's trust in you. You are empowered as a responsible agent to safeguard the University's assets. Your signature on the application is verification that you have read the Guidelines for Support Staff or the Faculty Handbook and agree to comply with those regulations as well as the following responsibilities:

1. I understand the card is for University-approved purchases only, and I agree not to charge personal items.
2. Improper use of this card can be considered misappropriation of University funds. This may result in revocation of the card or disciplinary action, up to and including termination of employment.
3. If the card is lost or stolen, I will immediately notify Sam's Club and the Corporate Accounts Coordinator.
4. I agree to surrender the card immediately upon termination of employment, whether for retirement, voluntary, or involuntary reasons.
5. All charges will be billed directly to and paid by the University. Sam's Club cannot accept any monies from me directly; therefore any personal charges billed to the University could be considered misappropriation of the University funds.
6. As the card is University property, I understand that I may be periodically required to comply with internal control procedures designed to protect University assets. This may include being asked to produce the card to validate its existence.
7. The Accounts Payable & Corporate Accounts Office will receive a monthly billing statement from Sam's Club. I will forward all receipts with appropriate approval signatures, index & account information, and the "business purpose" to Accounts Payable as soon as possible after the charge has been made.
8. I understand the Sam's Club Card is not necessarily provided to all employees. Assignment is based on my need to purchase material for the University. My card may be revoked based on change of assignment or location or misuse of the card. I understand that the card is not an entitlement nor reflective of title or position.

Applicant Signature _____

Date _____

Approver's Signature _____

Date _____

Approver's Printed Name _____

Approver's Title _____

Please submit completed application to Taene Silva in the PCard Department, Maryland Hall G13