



**CENTRAL
PIEDMONT
COMMUNITY
COLLEGE**

**VISA PURCHASING CARD
Employee Agreement**

I hereby request a VISA P-Card. As a card holder I agree to comply with the following terms and conditions regarding my use of the Card:

- I understand that I am being entrusted with a valuable tool—State of North Carolina VISA Purchasing Card—and will be making financial commitments on behalf of Central Piedmont Community College.
- I will strive to obtain the best value for the College by using “preferred suppliers” as identified by Procurement Services.
- I understand that the College is liable to Bank of America (bank) for all charges made on the P-Card.
- I agree to use this P-Card for approved purchases only and agree not to charge personal purchases. I understand that Procurement Services and Accounts Payable will audit the use of this P-Card and report and take appropriate action on any discrepancies.
- I will follow the established procedures for the use of the P-Card. Failure to do so may result in either revocation of my use of the P-Card or other disciplinary actions, including discipline in accordance with the CPCC Policies and Procedures Manual. I agree to return the P-Card immediately upon request or upon termination of employment (including retirement).
- I have reviewed a copy of the on-line VISA P-Card Procedures Manual and understand the requirements for the Card’s use.

NOTE: If the P-Card is lost or stolen, I agree to notify the P-Card Administrator at 704 330-4470 and Bank of America at 1-888-449-2273 immediately.

EMPLOYEE NAME (please print full name)

EMPLOYEE SIGNATURE DATE

EMPLOYEE’S I.D. NUMBER EMPLOYEE’S USERNAME ID

COLLEGE LOCATION (building/room) TELEPHONE NUMBER

ACCOUNT NUMBER DEPARTMENT

MANAGER SIGNATURE DATE

MAM 07/07

_____ Full Time Employee
_____ Part Time Employee