



## St. Norbert College Expense Card Agreement Form

Employees with a demonstrated business need may be eligible to receive a college issued expense card. Please check one or more of the following expense card issuance criteria:

- Employee is engaged in frequent business-related travel.
- Employee is engaged in frequent off-campus business.
- Employee makes frequent purchases of low-dollar value items.

Expense cards may not be used for cash advances (ATM machines), non-business (personal) goods or services, or capitalizable items. If a card is lost or stolen, the cardholder must immediately call the card issuer at 1-800-316-6056 and Accounting Services at 920-403-3961. Upon termination of employment, expense cards must be returned to Accounting Services. Misuse of expense cards or other failure to adhere to expense card policies may result in card revocation and/or appropriate disciplinary measures. Unauthorized purchases may be construed as theft of college funds.

The cardholder must reconcile expense card purchases online using Workday. It is the cardholder's responsibility to obtain original receipts from the merchant or supplier each time the card is used and upload them into Workday. A legitimate business purpose and the proper account coding must also be provided for each transaction. Monthly credit card statements are available through PaymentNet and sent by mail. Expense card purchases must be reconciled within 15 days of the transaction date.

Expense card accounts are subject to periodic internal control reviews and audits designed to protect the interests of St. Norbert College. By accepting the expense card, the cardholder agrees to comply with these reviews and audits. The cardholder may be asked to produce the card to validate its existence and produce statements and receipts to verify appropriate use.

I have read and agree to the above terms and conditions:

\_\_\_\_\_  
Applicant Printed Name

\_\_\_\_\_  
Applicant Title

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Request Date

Applicant's **WORKDAY** ID Number:

W \_\_\_\_\_

### Credit Limit Information

\$ \_\_\_\_\_ Requested Monthly A temporary increase in the credit limit can be arranged, when appropriate, by completing the [Expense Card Limit Change Request Form](#) and sending it to Accounting Services.

### Required Approvals

\_\_\_\_\_  
Supervisory Approval

\_\_\_\_\_  
Date

\_\_\_\_\_  
Vice President Approval (VP with oversight over applicant)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Assistant Vice President for Financial Services Approval

\_\_\_\_\_  
Date

Please forward completed form to Accounting Services.