

FLORIDA ATLANTIC UNIVERSITY

PURCHASING CARD PROGRAM - Cardholder Travel Addendum

Date: ___/___/___

Cardholder Name: _____

Please add travel privileges to my Cardholder Profile. I understand that all University travel shall comply with Section 112.061, Florida Statutes and the guidelines established by Florida Atlantic University. A summary of the travel guidelines are available online at:

http://www.fau.edu/purchasing/purchasingcard/agenda_travel.php The procedures and deadlines described in my training have been developed to comply with the rules of the State Purchasing Card Program.

I understand that Failure to comply with these procedures will result in the revocation of my card holder's privileges. Any such charges that I owe as a result of a violation of the Cardholder Agreement may be deducted of any money which would otherwise be due and owing me, including salary and wages, in accordance with Rule 3A- 21.004, F.A.C.

Cardholders Signature: _____

Dean/Director/Chair Signature: _____

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=====<Below to be completed during training)=====

I have been provided a copy of the FAU Purchasing Card Travel Guidelines and have attended the training supplement for travel on this date. I understand the Purchasing Card Program and have been given the opportunity to ask any questions to clarify my understanding.

Cardholders Initials: _____

Training Date: _____ Instructor's Initials: _____