



Baylor College of Medicine

## Corporate Travel Cardholder Agreement

Baylor College of Medicine (“BCM”) is pleased to present you with a MasterCard Business Travel and Entertainment Card (“Corporate Travel Card”). Issuance of this card represents your department's willingness to empower you as a responsible employee of BCM and the College's belief in your ability to safeguard and protect its assets. Please read the cardholder agreement and indicate your acceptance of the terms of this card by signing below.

### 1. Cardholder Agreement

As the holder of this card, I understand and accept the responsibility for its proper use and protection as outlined in this agreement and College policy. By my signature below, I agree to use this card for official, allowable BCM business travel & expenses in accordance with BCM Policies and Procedures. I will not use it for personal purchases of any kind. I understand that BCM will audit the use of this card, and I agree to turn in proper supporting documentation as outlined in the policy for all purchases made with this card.

I agree to be responsible for the repayment of improper charges by payroll deduction. I understand that improper use of this Card may result in disciplinary action, up to and including dismissal, personal liability for improper charges, and loss of cardholder privileges. I understand that I shall continue to be responsible for repayment of personal charges beyond termination of employment, and I understand that BCM may initiate legal action against me for nonpayment. I agree to reimburse BCM for any associated legal fees.

I understand that BCM may *terminate my right* to use this Card at any time and for any reason. I agree to return the Card to the BCM Supply Chain/Finance Office immediately upon request or upon termination of employment.

#### Conditions for Use of Corporate Travel Card

- 1) A travel request must be approved prior to booking travel on the Corporate Travel Card
- 2) Card transactions must be assigned to an expense report and submitted within 45 days of the actual expenditures

### 2. Cardholder Signature

Printed Name: \_\_\_\_\_

BCM Employee ID: \_\_\_\_\_

Signature: \_\_\_\_\_

Email: \_\_\_\_\_

Please forward this signed agreement to the Corporate Card Administrator at [cardadmin@bcm.edu](mailto:cardadmin@bcm.edu).