

## AGREEMENT TO ACCEPT THE SCOTIABANK COMMERCIAL PURCHASING CARD

The Scotiabank commercial purchasing card represents Mohawk's trust in you as a responsible employee to safeguard the College's assets. Your signature below is verification that you have read and agree to abide by the policies and procedures outlined in the <a href="Purchasing Card Policy CS-1002-2009">Purchasing Card Policy CS-1002-2009</a>. It also acknowledges that you have read and understand the following:

- 1. The card is issued in my name. I understand that I cannot allow any other person to use the card. I am considered responsible for any and all charges against the card.
- 2. I will protect the account number at all times to prevent its misuse.
- 3. As the card is College property, I understand that I am required to comply with internal control procedures designed to protect company assets. This includes obtaining and submitting appropriate receipts for all purchases charged against the card.
- 4. I will receive a monthly statement which will report all activity during the statement period. Since I am responsible for all charges (but not for payment) on the card, I will resolve any discrepancies by either contacting the supplier or the bank directly to resolve them.
- 5. I understand that the Scotiabank Commercial Purchasing Card is not necessarily provided to all employees. Assignment is based on my need to purchase materials for the College. My card may be revoked based on change of assignment or department. I understand the card is not an entitlement nor reflective of title or position.
- 6. If the card is lost or stolen, I will immediately notify Scotiabank by telephone. I will confirm the telephone call by mail or fax with a copy of the notification to the Plan Administrator.
- I agree to surrender the card to Human Resources immediately upon termination of employment, whether for retirement, voluntary or involuntary reasons.
- 8. I understand the Card is for College approved purchases only, and I agree not to charge personal purchases. I further agree that should any personal charges appear on my card, after appropriate discussion and agreement the College will recover these costs from my salary or any monies owed to me and the purchasing card privilege may be revoked.
- 9. I understand that improper use of this card can be considered misappropriation of College funds and that if the College has reason to believe that I have used the card inappropriately, the matter will be forwarded to Human Resources for review. Following the review and subject to the appropriate terms and conditions of employment and/or the respective collective agreement requirements, I understand that I may be subject to disciplinary action up to and including dismissal.
- 10. All charges will be billed directly to and paid by the College. The bank cannot accept any monies from me directly, therefore, any personal charges billed to the College could be considered misappropriation of College funds.

Cardholder signature	Plan Administrator signature
Cardholder name (Print)	Plan Administrator name (Print)
Date	Date