

**TEMPLE UNIVERSITY**  
**DIAMOND DOLLARS DEPARTMENTAL CARD**  
**Cardholder Agreement**

Your participation in the Temple University Diamond Dollars Departmental Card Program is a convenience that carries responsibilities along with it. Although the card is issued in your name, it should be considered company property and should be used with good judgment. Your signature below verifies that you understand the University Departmental Card Program guidelines and agree to comply with them.

I, (cardholder name) \_\_\_\_\_, having requested and received a Temple  
(please print)  
University Diamond Dollars Departmental Card (# \_\_\_\_\_) 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 - a University Departmental Card - and will be making financial commitments on behalf of Temple University, and will strive to obtain the best value for my purchase.
- Improper use of the card will be considered misappropriation of Temple University funds that may result in disciplinary action. I will follow the established procedures for the use of the card. Failure to do so may result in revocation of my use of privileges or other disciplinary actions, including discipline in accordance with Temple University Work Rules up to and including termination.
- I understand that I am required to maintain appropriate records and documentation, as detailed in the Temple University Diamond Dollars Departmental Card Policies and Procedures. I also understand that I may be subject to audit of transactions and usage by the Diamond Dollars Departmental Card Administrator, Temple University Internal Audits and external auditors.
- I have been given a copy of the Temple University Diamond Dollars Departmental Card Policies and Procedures and understand the requirements for the card's use.
- I agree to return the card immediately upon request or upon reassignment, or leave of absence, termination of employment (including retirement). It is required that monthly review of charges, according to policies and procedures, will be done by the department administrator.
- If the card is lost or stolen, I will immediately notify the Temple University Diamond Dollars Departmental Card Administrator at 1-1250 or 1-6360.

\_\_\_\_\_  
EMPLOYEE'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
EMPLOYEE'S NAME (Printed)

\_\_\_\_\_  
EMPLOYEE'S DEPARTMENT

\_\_\_\_\_  
DEAN/DIRECTOR/BUDGET UNIT HEAD SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DEAN/DIRECTOR/BUDGET UNIT HEAD (Printed)

\_\_\_\_\_  
DD DEPARTMENTAL CARD ADMINISTRATOR

\_\_\_\_\_  
DATE