

Appendix 1 UNE Cardholder condition of use

1. If the corporate credit card is lost or stolen, I will immediately inform the University and/or the card provider.
2. Upon the cessation of my employment in the current position, I am required to return the card promptly to Strategic Procurement.
3. I am aware that personal information has been collected during the application process and will be held on an ongoing basis as part of the regular card maintenance program and has been done for the following purposes:
 - to meet the application processing requirements of the card provider
 - to meet the requirements of the Commonwealth Government's Anti-Money Laundering legislation
 - to reduce the risk of fraud being committed
 - to maintain accurate records of cardholders, and
 - to allow the efficient management of the corporate purchasing card.

and I give approval for the information to be disclosed to the following:

- the card provider
- the Director Finance and the Director Strategic Procurement, and
- other parties who may legally gain access to the information.

I acknowledge that I have read and understood the conditions set out above which govern the issue and use of the card in my name and I will report all breaches to the University Credit Card Administrator immediately.

Signature of Cardholder:
Name of Cardholder:
Telephone Number of Cardholder:
e-Mail address of Cardholder:
Date signed:

The issue of a corporate purchasing card in accordance with the above conditions is approved.
I have witnessed the signature of the cardholder - YES / NO

Signature of Authorised Officer
Name of Authorised Officer
Date signed

Appendix 2 UNE Cardholder Supervisor Conditions of Use

In my role as a cardholder supervisor I agree to the following:

1. I will ensure that the transactions of all cardholders that report to me have been incurred for legitimate work related expenditure.
2. I will ensure that all cardholders that report to me reconcile their corporate purchasing card transactions each month (within the timeframes required by my agency).
3. I will ensure that all cardholders that report to me assign a correct cost centre, account code, tax code and any other relevant information to all of their transactions.
4. I will ensure that all cardholders' disputed transactions (if applicable) are lodged with the card provider in the appropriate way.
5. I will ensure that all cardholders' tax invoices have been attached to transactions.

Signature of Cardholder Supervisor
Telephone Number of Cardholder Supervisor
e-Mail address of Cardholder Supervisor
Date signed

I have witnessed the signature of the cardholder Supervisor- YES / NO
Signature of Authorised Officer
Name of Authorised Officer
Telephone Number of
Authorised Officer
Date signed