



## The Stevens Purchasing Card

### Employee Acknowledgement Form

Your use of the Stevens Purchasing Card issued to you is subject to the following terms and conditions. You must comply with the terms and conditions as part of the terms and conditions of your employment.

1. You are being entrusted with a valuable tool – the Stevens Purchasing Card – and will be making financial commitments on behalf of the Institute. You must strive to obtain the best value for the Institute by using “preferred suppliers” as identified by Procurement.
2. You understand the Institute is liable to American Express for all charges made on the Stevens Purchasing Card.
3. You must use the Stevens Purchasing Card for approved purchases only and must not charge personal purchases. The Institute will audit the use of the Stevens Purchasing Card and report and take appropriate action on any discrepancies.
4. You have been given a copy of The Stevens Purchasing Card Policies & Procedures. You are required to read and follow the requirements for the Card’s use. Failure to do so may result in either revocation of your use privileges or other disciplinary actions, including termination of employment.
5. You must return the Stevens Purchasing Card immediately upon request or upon termination of employment (including retirement). Should there be any organizational change which causes your cost center to change, you must return the Card and arrange for a new one, if appropriate.
6. If the Stevens Purchasing Card is lost or stolen, you must notify the Steven Purchasing Card Program Administrator and American Express immediately.
7. Stevens may change these terms and conditions or its policies and procedures concerning the use of the Stevens Purchasing Card and you must comply with those changes.

I, \_\_\_\_\_, hereby acknowledge that I have read and understand the above terms and conditions.

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Employee Signature /Date

Social Security Number

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Business Mailing Address

Cost Center

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Department Head/Director’s Signature

Corporate Purchasing Card – Barbara Aris  
Program Administrator’s Signature/Date