

**SUL ROSS STATE UNIVERSITY**  
***DEPARTMENTAL P-CARD AGREEMENT***

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I hereby acknowledge receipt of a Sul Ross State University (SRSU) MasterCard Procurement Card. As a Delegate/Cardholder, I agree to comply with the terms and conditions of this Agreement, the P-Card Program Policy/Procedures, and other applicable University policies and procedures.

I acknowledge that I have read and understand the terms and conditions of this Agreement and the P-Card Program Policy/Procedures. I understand that SRSU is liable to Citi and MasterCard for all charges made with the Procurement Card.

I agree to use this card for SRSU approved purchases **only** and agree not to charge personal purchases. I understand that SRSU will audit the use of this card and report any discrepancies.

I further understand that improper use of this card may result in personal liability and/or disciplinary action, which may include termination of employment or possible criminal penalties.

I understand that the card is the property of SRSU. I further understand that SRSU may terminate my right or any authorized user's right to use this card at any time for any reason. I agree to return the card to the SRSU Program Coordinator immediately upon request.

*Initial box if the following is applicable.*

I, as a Citi GCMS Smart Data On-Line (SDOL) user, agree to use only those resources for which I am authorized and only for conducting University business. I, as a user, further agree to keep my account and password CONFIDENTIAL and to allow no one else to use it for any purpose. I understand the data stored on University computers is to be safeguarded and is not to be released to anyone without authorization from the appropriate system owner.

**DELEGATE/CARDHOLDER AND P-CARD INFORMATION**

**Print Name:** \_\_\_\_\_

**MasterCard#:** \_\_\_\_\_

**Department:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_ **Pin #:** \_\_\_\_\_

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

**Date Card Received:** \_\_\_\_\_