

Student Credit Card Check-Out**Information Required Prior to Check-out:**

Organization/Department Name		GL Account Number
Faculty/Staff Sponsor	Phone	Email
Date of Check-out	Est. Date of Return	\$ _____ Max Amount Requested to Spend

Purpose of check-out

Use of card will include:

- | | |
|---|---|
| <input type="checkbox"/> Retail/Online purchase(s) | <input type="checkbox"/> Hotel expenses (# nights: _____) |
| <input type="checkbox"/> Road travel expenses (gas, tolls, parking, etc.) | <input type="checkbox"/> Vehicle rental (# days: _____) |
| <input type="checkbox"/> Airfare, train fare, cab fare, etc. | <input type="checkbox"/> Membership dues |
| <input type="checkbox"/> Meals/Entertainment | Other: _____ |

Information Required When Turning in Card:

- Receipts for **all** transactions, showing:
 - The detail of each transaction (itemized list of goods/services; includes itemized restaurant receipts),
 - A detailed description/explanation of the charge,
 - The printed name of the student who made the charge,
 - Drury GL account number to be charged (if different from above),

NOTE: Barring extraordinary circumstances (e.g., loss of luggage by airline, etc.), transactions for which no receipts are provided will be charged to your personal Drury account.

NOTE: For Missouri purchases, you are required to use Drury's tax-exempt letter to avoid Missouri sales tax where possible (retail stores, hotels, etc.). Avoidable sales tax paid with a Drury credit card will be charged to your personal Drury account.

TEMPORARY CARDHOLDER AGREEMENT FOR DRURY STUDENTS

I, the undersigned student, have read the entire Drury University Credit Card Policy. I understand and agree that I will:

1. Use the purchase card only for business/student organization-related purchases authorized by University policy and in the best interests of the University,
2. Obtain the best value for the University before making a purchase,
3. Under no circumstances use the card for personal or other non-University purchases,
4. Authorize the University to bill any personal or other non-University charges to my personal University account,
5. Reimburse the University for any personal or other non-University charges, whether by payment or payroll deduction,
6. Keep the card in a secure location at all times,
7. Prohibit use of the card by other individuals,
8. Ensure that all applicable purchases are exempt from Missouri sales & use tax (as well as other eligible states),
9. Obtain necessary and complete documentation for all card transactions,
10. Present all necessary documentation to the program administrator in an orderly fashion when returning the card,
11. Ensure all refunds are credited directly back to the card (cash refunds/store credit should never be accepted),
12. Immediately report a lost or stolen card to the card-issuing bank and Drury program administrator,
13. Work with the program administrator to resolve any disputes that arise from my use of the card or from card loss/theft while the card was in my possession, and
14. Immediately return the card to the program administrator upon completion of the above-named task/purpose, when required as part of disciplinary action, or upon termination of attendance at the University.

I further understand and agree that violation of the policies contained in the Drury University Credit Card Policy may result in a reduction or revocation of my cardholder privileges and/or other disciplinary action.

I further understand and agree that, should my account be charged for missing documentation, sales tax, or other reasons, I will pay those charges, as well as interest of 1% per month, collection costs and legal fees on any unpaid balance. I authorize Drury to use monies from federal funds, grants, and other sources to pay these charges.

Student #1:

Name (printed)	Drury ID
Email	Phone
Student #1 Signature	Date

Student #2:

Name (printed)	Drury ID
Email	Phone
Student #2 Signature	Date

Student #3:

Name (printed)	Drury ID
Email	Phone
Student #3 Signature	Date

IMPORTANT

Each student who will use the checked-out card *must* sign this agreement. It is a violation of the Drury University Credit Card Policy to allow students not listed on this form use of the checked-out card. If there is not room on this form for all to sign, attach another copy of the form bearing the remaining student information and signatures.

SPONSOR/SUPERVISOR AUTHORIZATION AND SPENDING LIMIT:

Name (printed)	Phone	Email
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After reviewing the request above and verifying that the department/organization listed has funds available to cover the expenses, I authorize the above-named student(s) and/or organization to check out a university credit card.

Maximum amount authorized for student spending: \$ _____

Sponsor/Supervisor Signature	Date
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VICE PRESIDENT/DIVISION HEAD APPROVAL:

I, vice president/division head for the above-listed organization/department, have reviewed the request above and authorize issuance of a check-out card as requested.

Vice President/Division Head Approval	Date
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RETURN THIS FORM TO ADMINISTRATIVE SERVICES, BURNHAM 107

Administrative Services Personnel			
Student Check-Out # _____	Last 4 Digits _____	Card checked out by: _____	C.Garrison _____ E.Ussery _____ C.Poe _____
Funds Verified? <input type="checkbox"/>	Amount currently available on card: \$ _____		
This completed form must be filed in the credit card check-out notebook behind the check-out page for the appropriate card.			