



Travel Meal Card Agreement

I AGREE TO THE FOLLOWING REGARDING THE USE OF THE FLORIDA SOUTHWESTERN STATE COLLEGE (FSW) Travel Meal Card ASSIGNED TO ME FOR OFFICIAL COLLEGE BUSINESS ONLY:

1. I understand that I am being entrusted with a powerful and valuable tool and will be making financial commitments on behalf of FSW and will strive to obtain the best value for the College. _____ **(Initial that I have read and understand)**
2. I understand that under no circumstances will I use the Travel Meal Card to make personal purchases, either for myself or others. Willful intent to use the Travel Meal Card for personal gain or unauthorized use may result in disciplinary actions up to and including termination of employment and prosecution to the extent permitted by law. _____ **(Initial that I have read and understand)**
3. I will follow Florida Law, FSW's Operating Procedure and established guidelines for using the Travel Meal Card. Failure to do so may result in either revocation of my card privileges or other disciplinary action. _____ **(Initial that I have read and understand)**
4. I agree that, should I violate the terms of the Agreement, I will be subject to disciplinary action up to and including termination of employment and that I will reimburse the FSW for all incurred charges and any costs related to the collection of such charges. Additionally, any such charges that I owe may be deducted from any money which would otherwise be due and owing me, including salary or wages. _____ **(Initial that I have read and understand)**
5. I agree to return the card immediately to the Travel and PCard Specialist upon request or termination of employment (including retirement). In addition, if I am involved in an organizational change or transfer to another department, I will return my card and arrange for a new one if deemed necessary by my supervisor _____ **(Initial that I have read and understand)**
6. I have been provided an FSW Travel Meal Card, and I understand that it is to be used for Athletics Team Travel meals only _____ **(Initial that I have read and understand)**

Cardholder Name (Print)

Cardholder Signature

Date

Travel/PCard Specialist
(Print)

Travel/PCard Specialist Signature

Date

BO-079

AM,06/14/2023