

FLORIDA POLYTECHNIC UNIVERSITY
EXPENSE CARD PROGRAM
CARDHOLDER TRAVEL ADDENDUM

Date: __/__/__

Cardholder Name: _____

Please add travel privileges to my Cardholder Profile.

I understand that all University travel shall comply with Section 112.061, Florida Statutes and the guidelines established by Florida Polytechnic University.

I understand that Failure to comply with these procedures will result in the revocation of my card holder's privileges. Any such charges that I owe as a result of a violation of the Cardholder Agreement may be deducted of any money which would otherwise be due and owing me, including salary and wages, in accordance with Rule 3A- 21.004, F.A.C.

I have been provided a copy of the FPU Expense Card Manual. I understand the Purchasing Card Program and have been given the opportunity to ask any questions to clarify my understanding.

Cardholders Signature: _____

Director (Print): _____

Director (Sign): _____