

## **Appendix A**

Attached is your application package for a Corporate Visa Card.

On the Royal Bank Visa Application Form please fill in the following:

- Your name
- Birthdate
- Accounting code (we require a default department account number to charge your purchases to)
- Home phone number
- Business phone number
- Mother's Maiden name.

The monthly credit limit starts at \$5000.00. Each month your card will be paid off and it will revert back to your limit.

You will sign the application form at the bottom as well as your Manager/Chair or Dean.

Please fill in the Memorandum of Agreement as well, following the same steps outlined above.

Please read the Guidelines & Procedures (Appendix A), as well as the exclusions list.

You will also find attached the insurance coverage of the card; please read through it so that you know what is covered when you are traveling.

Any questions please feel free to contact Cathy Hunt (204-786-9873).

VISA® PURCHASING CARD  
CARTE VISA® ACHATS

REQUEST TYPE / TYPE DE DEMANDE

Numero de compte (Réservé à la Banque)

N° de compte (Ressort à la Banque)											
1	2	3	4	5	6	7	8	9	10	11	12

Complete ALL Information Fields Below Unless Indicated Otherwise	Fournir TOUS les renseignements demandés ci-dessous, sauf indication contraire
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## EMPLOYEE INFORMATION / DONNEES SUR L'EMPLOYE

Last Name / Nom

[illegible]

Birthdate (MM-DD-YYYY)

Date de naissance (JJ-MM-AAAA)

[illegible]

UNIVERSITY OF WINNIPEG

Anglais

	Français
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5 | 1 | 5 | P | O | R | T | A | G | E . | A | V | E |

Postal Code / Code postal

W	N	N	P	E	G					M	B	R	3	B	2	E	9
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Employee No. / No de l'employé

[illegible]

Cash Advance %  
% avance de fonds

Monthly Credit Limit  
Limite de credit mensuelle

Single Transaction Limit  
Limite par opération

	0	
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## UNIT INFORMATION / DONNÉES SUR L'UNITÉ

Department (Numeric)

0	1	0	1	2
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Year	1990	1991	1992	1993
1990	1.0	1.0	1.0	1.0
1991	1.0	1.0	1.0	1.0
1992	1.0	1.0	1.0	1.0
1993	1.0	1.0	1.0	1.0

Unité (Numérique)  
Unité (numérique)[illegible]

Year	1990	1991	1992	1993
1990	1990	1991	1992	1993

**COMPANY AUTHORIZATION/AUTORISATION DE L'ENTREPRISE**

            
Date

Date \_\_\_\_\_

## Appendix B

### Memorandum of Agreement

between

The University of Winnipeg  
(the University)

and

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(the Cardholder)

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Position

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Department

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Visa Card Number

Expiry Date

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Monthly Credit Limit

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Default Budget Number

The University of Winnipeg has arranged for a Royal Bank US Bank Visa Card (the Card) to be issued to qualifying employees of the University to pay for University expenses, including but not limited to, travel expenses, professional development expenses, small office supply purchases and entertainment expenses, incurred while conducting University business, in accordance with the University's applicable procedures and policies.

The Cardholder acknowledges that they are entrusted to make financial commitments on behalf of the University, and therefore, the Cardholder will ensure that the Card is used in accordance with the University's applicable procedures and policies.

**The Card is not to be used to incur non-University expenses;** if the Cardholder makes a non-University expenditure using the Card (in error), they must inform and reimburse the University before the payment due date on their Card statement. Failure to reimburse the University for a non-University related expense constitutes fraud, and may result in disciplinary action (including dismissal), and criminal and/or other legal proceedings, at the discretion of the University.

In addition to the University's applicable procedures and policies, the Cardholder agrees to use the Card in accordance with the following summary of guidelines and procedures designed specifically for the Royal Bank US Bank Visa Purchase Card Program:

1. The Card and its number may be used by only the Cardholder; it is the Cardholder's responsibility to protect the Card and number and prevent its misuse.
2. All travel expenses must be pre-authorized, through the use of an Application for Employee Travel, signed by the employee's supervisor prior to the incurring of any such expenses. This pre-authorized Application for Employee Travel will be retained by the University for later matching with related receipts.
3. All expenses to be charged to a research account must be in accordance with the terms of the grant and within the grant monies available. Any over-expenditure of Research Accounts, or expenditure on non-eligible items are the responsibility of the researcher.
4. Cumulative transactions must not exceed the monthly credit limit, noted above. In the event that additional credit is required, the Cardholder should contact the Executive Director Financial Services.
5. The Cardholder or delegate must prepare the on-line reconciliation monthly by the due date indicated by Accounts Payable, print and sign and have the cardholder's supervisor or equivalent sign the monthly statement for the Card, as indication that the statement is correct. This statement with all related supporting receipts and documents must be submitted to Financial Services in a timely manner following the reconciliation.
6. The Cardholder must immediately identify and communicate any transaction discrepancies related to the Card to the Accounts Payable Supervisor.
7. Upon any of the following:
  - i. The termination of employment or retirement of the Cardholder from the University; or
  - ii. Written request by the University for the return of the Card the Cardholder must immediately return the Card to the Executive Director Financial Services.
8. The Cardholder must inform US Bank and the Accounts Payable Supervisor immediately upon discovering the Card is lost or stolen.
9. See additional Cardholder Guidelines and Procedures (Appendix A attached)

Failure to comply with University policies and procedures including those outlined above may result in the cancellation of the card without notice and/or disciplinary action.

**Cardholder**

I agree to utilize the Card entrusted to me in accordance with this agreement, and to immediately bring to the attention of both the below Supervisor and the Executive Director Finance any unauthorized use of the Card. I have read this agreement and understand this agreement, and will comply with all terms of this agreement. Failure to do so may result in the Card being cancelled without notice.

\_\_\_\_\_  
Name\_\_\_\_\_  
Position\_\_\_\_\_  
Signature\_\_\_\_\_  
Date**Supervisor**

(Individual to whom the Cardholder reports)

I agree to review all monthly statements for the Card, to ensure that they are appropriate for approved University purposes; that all necessary supporting documentation is attached; and that all bookings/charges are in accordance with the University's applicable procedures and policies and this agreement. I have read this agreement and understand this agreement, and will comply with all the terms of this agreement. Failure to do so may result in the Card being cancelled without notice.

\_\_\_\_\_  
Name\_\_\_\_\_  
Position\_\_\_\_\_  
Signature\_\_\_\_\_  
Date**Financial Services Authorization**

Executive Director Financial Services

\_\_\_\_\_  
Name\_\_\_\_\_  
Signature\_\_\_\_\_  
Date

Card Issued on Date: \_\_\_\_\_