

Paid Family & Medical Leave Insurance Authority
CORPORATE CREDIT CARD USE AGREEMENT

This Corporate Credit Card Use Agreement (“Agreement”) is between the Paid Family & Medical Leave Insurance Authority (“Company”)

and

Employee Name (Print)

Credit Card Number (last four digits on card)

I am the employee named above and I received the above-listed credit card associated with the commercial credit account of the Company (“Card”) and I confirm all my information is correct. By my signature on this Agreement, I will agree to comply with and be bound by the following conditions:

1. I understand this Card is Company property and I will be making financial commitments on behalf of the Company when using this Card. I agree that use of this Card is limited to business purposes authorized by the Company. I agree this Card must not be used for any personal, unauthorized, or illegal charges and any such misuse will result in cancellation of this Card and may further result in disciplinary action up to and including termination of my employment.
2. I understand the Company may review and investigate use of this Card and I have no expectation of privacy concerning any charges incurred. I will cooperate with any such review or investigation. I agree to be held personally liable for the total dollar amount of any improper charges incurred plus any administrative fees assessed in connection with misuse of this Card. I agree that any personal, unauthorized, or illegal charges made by me, including any administrative fees and/or finance charges assessed in connection with such charges, and paid for by the Company on my behalf, will be repaid immediately, deducted from future reimbursement, or considered a personal loan to be repaid through payroll deduction. I understand that payroll deduction on my loan will be subject to the limits set forth by applicable law. If such deductions are not permitted by law or are insufficient to fully reimburse the Company, I will repay the Company these amounts plus finance or other charges due in connection with the misuse of this Card and the Company may take appropriate legal action to collect the monies owed. I agree that I may be liable for improper charges that result from allowing others to use this Card.
3. I agree to reconcile my expenses and timely submit an expense report from which the Company will pay the charges incurred in connection with this Card. The expense report will be submitted using the Company’s standard expense reporting system and shall be supported by appropriate documentation as required by the Company. If I fail to timely submit accurate and complete expense reports, the Company will consider the unsupported charges incurred in connection with this Card to be a personal loan and may collect those amounts from me as described herein.

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4. I agree to return this Card immediately upon request by management or upon termination of my employment for any reason (including retirement) with the Company. I understand that this Agreement is revocable by me at any time upon written notice to my immediate supervisor at the Company. If revoked, I understand I must stop using the Card immediately and return it to the Chief Executive Officer (CEO) with my revocation notice. I understand that if revoked, I remain responsible for any misuse and remain indebted to the Company for any personal, unauthorized, or illegal charges made prior to the revocation and return of the Card.

5. I promise to immediately notify the CEO upon discovering this Card has been lost, misused, or stolen or this Card has been the subject to fraud, unauthorized use or misuse. I agree to cooperate with any investigation concerning the loss, theft, or suspected misuse of this Card.

6. I acknowledge that I have received, read, and will follow the Company Credit Card Policy.

Date: _____
Employee Signature

Received:
Date: _____ By: _____