The University of Southern Mississippi
Conference Card Acceptance Form

I hereby agree to comply with the terms and conditions of this Procurement and Contract Services Conference Card Acceptance form as outlined in the Conference Card Policy and Procedures at http://www.usm.edu/procurement/contract_home.html

I hereby agree to use my best effort to minimize exposure from lost, stolen, or otherwise compromised conference cards. I agree to properly use the conference card. I understand that the University WILL audit the use of the conference card. I understand that I CANNOT use the conference card for personal transactions, even if reimbursed:

Cardholder Requirements and Responsibilities:

- Must be a current employee of USM
- Obtain itemized receipts from dining locations.
- Assure that the purchases are within the limits set and approved by the budget authority (single transactions must be **less than $200**)
- Purchases shall not be split into several transactions in order to circumvent the single transaction limit.
- Purchases of food are only allowed if for business purposes (this excludes receptions or parties).
- **Departments must keep a log detailing the purpose of meal, number of attendees, and amount. A copy of the receipt with attendee's names clearly written on receipt must accompany each transaction on log.**

I hereby understand that improper use of the conference card may result in disciplinary and/or legal actions, including but not limited to restitution, forwarding information to the appropriate authorities for criminal prosecution, and possible termination of employment.

I hereby understand that the University may terminate my right to use this conference card at any time and for any reason. I hereby agree to return the conference card to Eagle Dining or my department supervisor immediately upon request from the University, when transferring out of my department, or upon termination of employment.

Department Information ***Single transaction limit: $200***

Department Name _____
Box Number _____
Phone Number _____
Email Address _____
Budget String _____
Purpose _____

Date Requested _____
Date Needed _____

Card Quantity	Dining Dollars per Card	Meals per Card	Date Range	*Internal Use Only* Card Range

Event# _____

_____ _____
Department Applicant Signature Date Printed Name

_____ _____
Department Head/Administrator Signature Date Printed Name