

**TEXAS A&M UNIVERSITY PAYMENT CARD PROGRAM
CARD SHARING AGREEMENT**

As a cardholder for Texas A&M University, I have agreed to comply with the terms and Conditions of the Cardholder Payment Card Agreement and the Payment Card procedures. If at any time my card is to be used by another employee of Texas A&M University for official business only, I will assure the employee has been properly instructed as to the usage, the usage (by another employee) is recorded on a payment card check in/out log, that all receipts and back up documentation for the purchase, and that the utmost security processes were implemented until the card is returned to my possession. I agree that usage of my card will strictly adhere to all applicable Texas A&M funding procedures.

This signed, original form must be on file in the Financial Management Operations Payment Card Office before allowing usage by another employee. (Mail this form to Financial Management Operations, Payment Card Office Mail Stop 6000).

Cardholder Name (Print/type)

Cardholder Signature

Date

Supervisor Name (Print/type)

Supervisor Signature

Date

State law requires that you be informed of the following: (1) you are entitled to request to be informed about the information about yourself collected by use of this form (with a few exceptions as provided by law); (2) you are entitled to receive and review that information; and (3) you are entitled to have the information at no charge to you.