**Exhibit 2**

### EMPLOYEE CARDHOLDER AGREEMENT

#### FOR [INSTITUTION] PCARD

You have been approved to receive a PCard for your Institution. Please complete the following.

DATE:

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Print Name as it will appear on the PCard

**The employee/representative is to complete this agreement after completing the appropriate training and after reading the appropriate PCard policies and guidelines.**

You are hereby authorized to make purchases and pay for such purchases using the [Institution] PCard as provided in [Institution]’s policies and guidelines.

Purchases may be made consistent with your organizational responsibilities, including any grant restrictions, to conduct legitimate [Institution] business. All purchases must be made in accordance with applicable Institution and/or TBR policies and procedures and are subject to PCard monetary limits as established by the appropriate approving authority and/or provisions of [Institution]’s policies and guidelines.

Cardholder’s PCard account(s) shall terminate upon separation of employment/agency from [Institution] or upon reassignment to another department within [Institution].

(Cardholder please initial each statement.) I understand that:

\_\_\_\_\_ I am responsible for the safeguarding and security of my PCard;

\_\_\_\_\_ Any charges incurred, including sales tax, which are expressly prohibited by any policy/procedures of [Institution],

will be my personal responsibility;

\_\_\_\_\_The PCard is not to be used for personal purchases, and any such charge shall be reimbursed by me;

\_\_\_\_\_ [Institution] has the right to cancel my PCard at any time;

\_\_\_\_\_In the event I use the card in a fraudulent manner, the Institution may take appropriate disciplinary action, up to and

including termination of my employment.

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Cardholder’s Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Training Completed Signature of PCard Trainer