

COHESIVE HEALTHCARE MANAGEMENT & CONSULTING

Mangum Regional Medical Center

ATTACHMENT B: CORPORATE CREDIT CARD USE AGREEMENT

This Corporate Credit Card Use Agreement ("Agreement") is between Mangum Regional Medical Center ("Hospital") and

Employee Name (Print)

Credit Card Number (exactly as shown on card)

I am the employee named above and I received the above-listed credit card associated with the commercial credit account of the Hospital ("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 Hospital property and I will be making financial commitments on behalf of the Hospital when using this Card. I agree that use of this Card is limited to business purposes authorized by the Hospital. 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 Hospital 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 Hospital on my behalf will be 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 Hospital, I will repay the Hospital these amounts plus finance or other charges due in connection with the misuse of this Card and the Hospital may take appropriate legal action to collect the monies owed. If the Hospital is required to take legal action to collect monies owed under this Agreement, I agree to pay the Hospital's expenses, including attorney's fees, incurred in its collection efforts. 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 Hospital will pay the charges incurred in connection with this Card. The expense report will be submitted using the Hospital's standard expense reporting system and shall be supported by appropriate documentation as required by the Hospital. If I fail to timely submit accurate and complete expense reports, the Hospital 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.

- 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 Hospital. I understand that this Agreement is revocable by me at any time upon written notice to my immediate supervisor at the Hospital. If revoked, I understand I must stop using the Card immediately and return it to Human Resources with my revocation notice. I understand that if revoked, I remain responsible for any misuse and remain indebted to the Hospital for any personal, unauthorized, or illegal charges made prior to the revocation and return of the Card.
- 5. I promise to immediately notify Human Resources 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.

Date:		
Employee Signature:		
Received:		
Date:	By:	