

SI CARDHOLDER ENROLLMENT FORM

EMPLOYEE INFORMATION				
New Emp Transferred Emp C	urrent Emp Hav	ve you ever obtair	ned an SMU Card?	Y N
lire Date: \$SSOLFDWLRQ PXVW EH V	XEPLWWHG DW O		vmentStatus FT NX ODO WHL®HKEL®\$H	DH \ ₩
Department Nam <u>e:</u>				
First Name	Middle Initial	Last Name		
PO BOX 750	DALLAS	TX	75275	
Statement Address (SMU P.O. BoxRFQUIRED	City	State	Zip Code	
Cardholder Home Address	City	State	Zip Code	
E-mail Address	B	usiness Phone		
Date of Brth (mm/dd/yyyy)		SMU Employee ID		
CARDHOLDER DEFAULTS				
SMU Card Profile: Purchase &	Travel Purcha	ase Only	Travel Only	_
Card Spending Limits: Single Lir \$1,00		ndard)		
\$	/ cgi4Tw 1997	7.1 9.9hi03f 9i1		
				_
				_

SOUTHERN METHODIST UNIVERSITY SMU CARD CARDHOLDER AGREEMENT

I (employee name)	, as the Cardholder, I agree to the following

CONFLICT OF INTEREST

Unless specific written exception has been obtained from the Vice President of Business and Finance, no employee, officer, or agent of **the** versity shall paticipate in the selection, award or administration of purchases or contracts events to his or her knowledge the employee, his or her immediate family, or partner has a financial interest exist the policy or ganization

Employees, officers, and agents of the University shall neither solicit nor accept cash, gratuities, favors, or anthing of monetary value from suppliers or potential suppliers.

The Cardholderwill abide by the University Policieso\$s "6 óiB"`Þè€0