



## Sun Health<sup>®</sup>

### Company Credit Card Agreement

Employee Name: \_\_\_\_\_

Position: \_\_\_\_\_

Location: \_\_\_\_\_

Employee's Work & Cell No. \_\_\_\_\_

Approved Credit Card Limit \_\_\_\_\_

I have received a Sun Health Senior Living company credit card. I hereby acknowledge and agree to the following:

- I bear ultimate responsibility for the card.
- I will not use the company credit card to withdraw cash.
- I will not use the company credit card for personal expenses and will use it only for official business on behalf of the company.
- If I misuse the card (i.e., use it otherwise than in accordance with the instructions given to me in this agreement or related policies) or otherwise fail to reconcile my expenditures within the prescribed procedures and timeframe, I authorize the company to recover the funds through payroll deductions for any amounts incorrectly claimed or for reconciliations that are one month in arrears of the statement date. I also understand that misuse of the company credit card may result in disciplinary action, up to and including termination.
- I will appropriately reconcile all expenses and submit original, detailed receipts to my supervisor for approval within 5 business days of the statement date as outlined in the Company Credit Card Policy.
- If the company credit card is lost, stolen or compromised, I will report it immediately to the Chief Financial Officer.
- If I resign or I am terminated from the company, I will return the card with a final reconciliation of all expenditures prior to departure.

\_\_\_\_\_  
Signature of Cardholder

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Senior Leader Approving

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Chief Financial Officer

\_\_\_\_\_  
Date

**Email the completed agreement to Karina Echeverria at [Karina.Echeverria@SunHealth.org](mailto:Karina.Echeverria@SunHealth.org).**