



# Procurement Card Agreement Form

Cardholder Name: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Cardholder Department: \_\_\_\_\_ Phone Number: \_\_\_\_\_

*I, as an authorized and approved UA-Pulaski Tech Purchasing Card Program P-Cardholder, hereby acknowledge receipt of policies and procedures manual and training, fully understand and agree to the following terms and conditions regarding the use and safekeeping of the purchasing card or account number(s) entrusted to me:*

\_\_\_\_\_  
Initial 1. I accept full personal responsibility for the safekeeping of all p-card or account number(s) assigned to me and that absolutely no one, other than me, has authority to use the p-card or account number assigned to me.

\_\_\_\_\_  
Initial 2. I will be making financial commitments on behalf of UA-PTC and will always endeavor to obtain fair and reasonable prices. Purchasing only items essential to the operation of UA-PTC and/or my department.

\_\_\_\_\_  
Initial 3. I will receive training and copies of the P-Card manual associated with the P-Card and agree to follow all of the procedures established for the use of the P-Card account or account number(s).

\_\_\_\_\_  
Initial 4. I will not use the P-Card or account numbers for non-UA-PTC official business, unauthorized, or personal purchases. If such charges occur I will be required to reimburse UA-PTC for all incurred charges and any fees related to the collection of those charges and do all such other things to remedy the situation.

\_\_\_\_\_  
Initial 5. I will immediately report the theft or loss of the P-Card to Bank of America by phone at 1-866-500-8262 and to the UA-PTC P-Card Coordinator, (501) 812-2307. Failure to notify the appropriate authority of the theft, loss, or misplacement of the P-Card will make me personally responsible for any fraudulent or unauthorized use.

\_\_\_\_\_  
Initial 6. I will surrender my P-Card to Procurement upon (a) my termination of employment with the UA-PTC, or (b) retirement, or (c) transfer to another agency within the state, or (d) my supervisor or the UA-PTC PCard Coordinator requests surrender of my card.

\_\_\_\_\_  
Initial 7. I understand that any purchases made by me, with the P-Card, will be recorded and reviewed in management reports for payments, possible discrepancies and appropriateness of purchase.

\_\_\_\_\_  
Initial 8. I understand that I am personally responsible for obtaining all original receipts and submitting them in accordance with UA-PTC's Purchasing Card Program's policies and procedures.

\_\_\_\_\_  
Initial 9. I understand that I am responsible for having the required forms such as Membership Justification form or Official Function form signed by the chancellor or his/her designee prior to purchasing a membership or any food related item for a college event. The form should be attached to my Pcard Verification along with receipt of purchase.

\_\_\_\_\_  
Initial 10. Please refer to Board of Trustees Policy 260.1 Official Functions Policy <https://www.uasys.edu/wp-content/uploads/sites/16/2022/10/0260-1-Official-Fu-nctions.pdf>

\_\_\_\_\_  
Initial 11. Please refer to UA Systemwide Policies and Procedures 350.1 Payment of Dues for Membership in Professional Organizations <https://www.uasys.edu/wp-content/uploads/sites/16/2018/04/UASP-350.1-Paym-ent-of-Duesfor-Membership-in-Professional-Organizations.pdf>

\_\_\_\_\_  
Initial 12. Pcard Verifications in Workday are required to be completed for that month on the 16th of each month. Failure to do so will result in revocations of privilege to use the P-card. Trainings are provided for this process.

\_\_\_\_\_  
Initial 13. I understand that failure to follow any of the above listed terms and conditions, including completing monthly Pcard Transaction Log by the 16th of each month, or if found to have misused the P-Card in any manner may result in (a) revocations of the privilege to use the card, (b) disciplinary action, (c) termination of employment, and/or criminal charges being filed with the appropriate authority. I understand that the use of the P-Card after privileges are withdrawn is strictly prohibited.

*I hereby accept the above terms and conditions.*

\_\_\_\_\_  
Cardholder Signature Date

*I, as Agency head or Chief Financial Officer (CFO), approve a P-Card account in the name of the state employee stated above to be used for all charges related to the use of the P-Card issued.*

\_\_\_\_\_  
Agency Head / CFO Signature Date

*Approved by Agency P-Card Liaison:*

\_\_\_\_\_  
Agency P-Card Liaison Signature Date

\_\_\_\_\_  
Date Employee Completed Training Date