

Cardholder Name: _____ Department: _____

ATU Street Address: _____

T#: _____ ATU Telephone: _____ ATU Email Address: _____

I, as an authorized P-Card holder, fully understand and agree to the following terms and conditions:

1. I accept full personal responsibility for the safekeeping of the P-card assigned to me and agree that absolutely no one other than myself is permitted to use it.
2. I will be making financial commitments on behalf of the University and will always endeavor to obtain fair and reasonable prices.
3. I have received training for the use of the card and agree to follow all established procedures.
4. I will not use the card for unauthorized or personal purchases.
5. I will immediately report the theft or loss of the card to US Bank by phone at 800-344-5696, to the Procurement Services 968-0333 and to my department head.
6. I will surrender my P-Card upon (a) my termination of employment, (b) my transfer to another department within the University or (c) upon the request of my supervisor or Procurement Services. Further, I understand that my last paycheck will be withheld until the P-Card is property surrendered.
7. I understand that any purchases made by me will be recorded and reviewed for payment, possible discrepancies and appropriateness of purchase.
8. I understand that I am responsible for obtaining all original receipts and submitting them in accordance with P-Card procedures.
9. I understand that failure to follow any of the above listed terms and conditions or misuse of the P-Card in any way may result in (a) revocation of the privilege to use the card, (b) disciplinary action up to and including termination of employment and/or (d) criminal charges being filed by US Bank and/or the State of Arkansas. I hereby accept the above terms and conditions:

<u>Employee (printed name)</u>	<u>Employee Signature</u>	<u>Date Signed</u>

I, as Department Head, assign Account No. _____ with an established single purchase limit of \$ _____ monthly limit of \$ _____ to be used for all charges related to the use of this P-Card.

<u>Department Head (printed name)</u>	<u>Department Head Signature</u>	<u>Date Signed</u>

(If applicable) Approved By:

<u>Dean (printed name)</u>	<u>Dean Signature</u>	<u>Date Signed</u>

Approved by:

<u>Vice President (printed name)</u>	<u>Vice President Signature</u>	<u>Date Signed</u>

P-Card Issued By: _____ Date Issued: _____

Signature of Cardholder (acknowledging receipt of card)