

**ARKANSAS TECH UNIVERSITY****P-CARD EMPLOYEE AGREEMENT**

Cardholder Name: \_\_\_\_\_ Department: \_\_\_\_\_

Ark Driver's License No: \_\_\_\_\_ Telephone: \_\_\_\_\_

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 VISA by phone at 1-800-VISA911, to the Purchasing Department 968-0269 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 the Purchasing Department. 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:

_____ Employee (printed name)	_____ Employee Signature	_____ Date Signed
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I, as Department Head, assign Account No. \_\_\_\_\_ with an established monthly limit of \$ \_\_\_\_\_ to be used for all charges related to the use of this P-Card.

_____ Department Head (printed name)	_____ Department Head Signature	_____ Date Signed
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Approved by:

_____ Vice President (printed name)	_____ Vice President Signature	_____ Date Signed
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P-Card Issued By: \_\_\_\_\_ Date Issued: \_\_\_\_\_

P-Card No: \_\_\_\_\_  
Signature of Cardholder (acknowledging receipt of card)**SIGN THE BACK OF YOUR CARD NOW**