

A-STATE PCard Delegated User Form

I, (cardholder) _____, am delegating the use of my PCard to (delegated employee) _____, for official use in procuring allowable goods and services.

Authorization is given for the following (choose one):

☐ _____ through _____

☐ Indefinite period

By signing this agreement, you as the delegated employee acknowledge that you understand and will comply with all the Arkansas State University Procurement guidelines, as listed below.

I, as the authorized and approved cardholder, fully understand that I am ultimately responsible for the purchases made by the delegated employee using my PCard.

Both the delegated employee and the cardholder must sign and agree to the following terms and conditions regarding use and safekeeping of the PCard.

(Please initial each item below)

- _____ (01) I will be making financial commitments on behalf of A-State and will obtain fair and reasonable prices. As part of my responsibility as a delegated user I will obtain and provide itemized receipts for my purchases to the cardholder.
- _____ (02) I will attend Delegated User training and agree to follow all procedures outlined in training. I understand that I must attend training every 2 years.
- _____ (3) I will not use the PCard for non-university related business, unauthorized purchases, personal purchases and user will not split orders over \$2500 to circumvent the bid process.
- _____ (4) If I use the card and a violation is issued to the holder, I may be required to attend retraining with the holder and my supervisor.
- _____ (5) I understand that all purchases made will be recorded and reviewed in management reports to ensure compliance with Procurement and PCard guidelines.
- _____ (6) I understand that failure to follow any of the above listed terms and conditions or if found that I have misused the PCard in any manner will result in (a) revocation of the privilege of the PCard (b) disciplinary action, (c) termination of employment, and/or criminal charges being filed with the appropriate authority.

I hereby accept all the terms and conditions outlined above and in training as a Delegated User of the PCard.

Delegated Employee Name: _____ Date: _____

Delegated User Signature: _____ Date: _____

Cardholder Name: _____ Date: _____

Cardholder Signature: _____ Date: _____