

**State of Arkansas
Purchasing Card Agreement Form**

Cardholder's Name: _____ **Agency:** _____
Phone number: _____ **E-Mail Address:** _____

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

1. I accept full personal responsibility for the safekeeping of all P-Card(s) or account number(s) assigned to me and that absolutely no one, other than me, has authority to use the P-Card(s) or account number(s) assigned to me.
2. I will be making financial commitments on behalf of the State of Arkansas and will always endeavor to obtain fair and reasonable prices.
3. I have received training and copies of the P-Card manual(s) 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).
4. I will not use the P-Card or account numbers for non-state official business, unauthorized, or personal purchases. If such charges occur I may be required to reimburse the State for all incurred charges and any fees related to the collection of those charges and do all such other things to remedy the situation.
5. I will immediately report the theft or loss of the P-Card to US Bank by phone at 1-800-344-5696, my Agency Liaison, and the OSP P-Card Coordinator, (501) 371-1405. 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,
6. I will surrender my P-Card(s) upon (a) my termination of employment with the State of Arkansas, or (b) retirement, or (c) transfer to another agency within the state, or (d) my supervisor or the OSP P-Card Coordinator requests surrender of my card(s). Further, I understand that my last paycheck will be withheld until the P-Card(s) are properly surrendered as required and all payments and requirements are fulfilled.
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.
8. I understand that I am personally responsible for obtaining all original receipts and submitting them in accordance with the Arkansas Purchasing Card Program's P-Card policies and procedures.
9. I understand that failure to follow any of the above listed terms and conditions 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.

Employee printed name	Employee signature	Date Signed
------------------------------	---------------------------	--------------------

I, as Agency Director/Chair/Head or Chief Financial Officer (CFO), approve a P-Card account(s) 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 Director/ CFO (printed name)	Agency Director/CFO Signature	Date Signed
--	--------------------------------------	--------------------

Approved by:

Agency Liaison (printed name)	Agency Liaison Signature	Date Signed
--------------------------------------	---------------------------------	--------------------

Approved by:

P-Card Coordinator (printed name)	P-Card Coordinator Signature	Date Signed
--	-------------------------------------	--------------------
