



**WESTERN
ILLINOIS
UNIVERSITY**

P-CARD Cardholder Agreement

Please initial each item below regarding the use of the Western Illinois University P-Card assigned for official University business only.

_____ As a Cardholder, I agree to comply with the terms and conditions of this agreement. I further understand that attendance at training is mandatory prior to a P-Card being released to me.

_____ As a Cardholder, I agree to accept responsibility and accountability for the protection and proper use of the Card. I understand that the P-Card is intended for the purchase of items for University-related business. I further understand that the University will review the use of the Card and it is my responsibility to verify the accuracy of the monthly statements from the bank. I understand that I am accountable for all charges made to the Card.

_____ If the Card is lost, stolen or misplaced, I understand that it is my responsibility to immediately notify the Bank and the P-Card Administrator.

_____ I agree to the following responsibilities:

1. Not to use the P-Card for personal purchases
2. Not to use the Card for purchasing items on the Prohibited and Restricted Purchases list
3. To purchase from the University's Prime Vendor Contracts.
4. To purchase ethically, fairly and without conflict of interest; to seek the best value, and to support the development of businesses which are woman-owned, minority-owned or owned by persons with disabilities
5. Not to loan my P-Card to any person.
6. To obtain an itemized receipt for every transaction and submit along with the monthly statement to Business Services.

_____ I certify that the materials/services that will be purchased with the P-Card will be verified for receipt; that the purchase of these services or materials will be in accordance with all applicable laws, rules and regulations of the State of Illinois, the Board of Trustees of Western Illinois University and any other applicable jurisdiction; and the amount authorized will be correct.

_____ I understand that P-Card Administrators will perform a search on the OFAC (U.S. Department of Treasury Office of Foreign Assets Control) Sanction List before an application can be approved.

_____ I understand that the University may terminate my privilege to use the P-Card at any time and for any reason. I will return the Card to the University immediately upon request or termination of employment or transfer between departments.

_____ Non-adherence to any of the above procedures will result in revocation of the individual Cardholder's privileges and may result in revocation of all departmental P-Cards. I understand that improper or fraudulent use of the online reallocation system is a violation of University Policy and will be handled in accordance with the rules and regulations dealing with disciplinary action. Should I fail to use the P-Card properly, I authorize Western Illinois University to deduct from my salary or from any other amounts payable to me, an amount equal to the total of the improper purchases. If Western Illinois University initiates legal proceedings to recover amounts owed by me under this Agreement, I agree to pay legal fees incurred by the University in such proceedings.

APPROVALS		
_____	×	_____
Cardholder's Printed/Typed Name	Cardholder Signature	Date
As Fiscal Officer, department/division head, I approve issuance of a P-Card to the above staff/faculty employee and assume overall responsibility for the Card.		
_____	×	_____
Fiscal Officer's Name	Fiscal Officer's Signature	Date
_____	×	_____
Department/Division Head's Name	Department/Division Head's Signature	Date
Purchasing Approval:	×	_____
Training Date _____ Date P-card issued _____ Date VP Approval Received _____		