

**University of Arkansas Cooperative Extension Service
Purchasing Card Program (P-card)**

Cardholder Agreement

Your participation in the University of Arkansas Cooperative Extension Service Purchasing Card Program is a convenience that carries responsibilities with it. Although this card is issued in your name, it is Extension property and should be used with good judgment. By signing this agreement, you acknowledge that you understand and will comply with all of the Purchasing Card Guidelines as listed in the Purchasing Card Manual and summarized below.

I, as an authorized and approved cardholder, fully understand and agree to the following terms and conditions regarding the use and safekeeping of the Purchasing card (P-Card) entrusted to me.

1. I accept full personal responsibility for the safekeeping of the P-Card assigned to me and that absolutely no one, other than me, is permitted to use the P-Card assigned to me.
2. I will be making financial commitments on behalf of the University of Arkansas Cooperative Extension Service and will obtain fair and reasonable prices.
3. I have received training and agree to follow all procedures established for use of the P-Card.
4. I will not use the P-Card for non-Extension business, unauthorized purchases, or for personal purchases.
5. I will immediately report the theft or loss of my P-Card to US Bank at 1-800-344-5696 and the Financial Services Purchasing Card Administrator at 501-671-2047.
6. I understand that the use of the P-Card does not exempt me from purchasing requirements as set forth in Extension policies and procedures and the P-Card guidelines.
7. I understand that I cannot use the P-Card as a financial reference to obtain personal credit cards or loans.
8. I understand that I am personally responsible for obtaining all original detailed receipts (purchase and credit documents) and submitting them in accordance with the P-Card guidelines.
9. I understand that any purchases made by me will be recorded and reviewed to ensure compliance with purchasing and P-Card guidelines.
10. I understand that failure to follow any of the above listed terms and conditions or misuse of the P-Card in any manner may result in:
 - Revocation of the privilege to use the P-Card
 - Disciplinary action
 - Termination of employment, and/or criminal charges being filed with the appropriate authority.
11. I agree to surrender the P-Card immediately upon request or upon termination of employment.
12. I agree that I will be personally financially responsible for any purchases made by me that are not allowed or authorized. In the event I fail to repay any reimbursable amount that was not allowed, Extension is authorized to withhold the full amount

from any payment(s) due me from Extension, including payroll checks as repayment. I understand that failure to comply more than once within any 12 month period will result in suspension of my P-card.

I hereby accept the above terms and conditions and acknowledge receipt of the P-Card.

Cardholder Name (printed)

Cardholder Signature

Date Signed

Received by:

P-Card Coordinator (printed)

P-Card Coordinator Signature

Date Signed
