



PURCHASING CARD (P-CARD) EMPLOYEE AGREEMENT

Card User Name: _____

Department: _____

Phone Number: _____ Email Address: _____

I, as an authorized and approved P-Card holder, fully understand and agree to the following terms and conditions regarding the use and safekeeping of the purchasing card(s) entrusted to me:

1. I accept full personal responsibility for the safekeeping of all P-Cards assigned to me and that absolutely no one, other than myself, is permitted to use the P-Card assigned to me.
2. I will be making financial commitments on behalf of the University of Arkansas at Little Rock and will always endeavor to obtain fair and reasonable prices.
3. I have received training associated with the use of the P-Card and agree to follow all procedures established for the use of such.
4. I will not use the P-Card for non-UALR official business and unauthorized or personal purchases.
5. I will immediately report the theft or loss of the P-Card to Visa by phone at 1.800.VISA911, my Departmental Coordinator, and the UALR P-Card Administrator, 501.569.3144.
6. I will surrender my P-Card(s) upon: (a) my termination of employment with UALR; (b) transfer to another department within UALR; or (c) my supervisor or the UALR P-Card Administrator 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.
7. I understand that any purchases made by me with the P-Card will be recorded and reviewed by management 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 UALR P-Card 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) revocation of the privilege to use the P-Card; (b) disciplinary action; or (c) termination of employment and/or criminal charges being filed with the appropriate authority. I hereby accept the above terms and conditions.

Employee (printed name)	Employee (signature)	Date

I, as Department Chair/Head, assign FOAPAL _____ with an established monthly limit of \$ _____ to be used for all charges related to the use of the P-Card issued to the above person. The names of the departmental coordinator(s) I have assigned for the above card user are:
 (1) _____ and (2) _____.

Department Chair/Head (printed name)	Department Chair/Head (signature)	Date

Approved by: _____

Dean (for Academic Units)	Date	Associate Vice Chancellor for Finance	Date

Approved by: _____

P-Card Administrator (printed name)	P-Card Administrator (signature)	Date