



P-CARD EMPLOYEE AGREEMENT

Cardholder Name (full, legal): _____ Workday ID#: _____
First Last

Department: _____

Office Phone #: _____ Email Address: _____

I, as an authorized and approved P-Card cardholder, fully understand, accept, 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 no one, other than myself, is permitted to use the P-Card assigned to me for any reason.
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 will attend all required training associated with the use of the P-Card and agree to follow all current and future procedures established.
4. I will not use the P-Card for non-UA Little Rock official business and unauthorized or personal purchases.
5. I will immediately report the theft or loss of the P-Card or fraudulent transactions to Bank of America by phone at 888-449-2273, my supervisor, and the UA Little Rock Credit Card Facilitator, 501-916-5727.
6. I will surrender my P-Card(s) upon: (a) my termination of employment with UA Little Rock; (b) transfer to another department within UA Little Rock; or (c) request of my supervisor or the UA Little Rock Credit Card Facilitator.
 - a. 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 all transactions made with my P-Card, obtaining all detailed receipts, and submitting them per the UA Little Rock credit 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.

Employee/Cardholder (printed full, legal name)

Employee (signature full, legal name)

Date

Approved by:

Manager (as listed in Workday)

Date

Vice Chancellor for Finance & Admin.

Date

Dean (for Academic Units)

Date

Credit Card Facilitator

Date