

**UAS PROCUREMENT CARD PROGRAM**  
**APPROVING OFFICIAL AGREEMENT**

Cardholder Applicant Name: \_\_\_\_\_

The appointment as an approving official represents the University's trust in you and your empowerment as a responsible employee of the University to safeguard and protect its assets.

**STATEMENT OF COMPLIANCE**

As an Approving Official, I acknowledge receipt of and agree to comply with the directives stated in the Procurement Card (ProCard) Handbook. I confirm that I have read and understand the provisions of the Handbook and that I will comply with the terms and conditions set forth in and subsequent revisions. I understand that the University is liable to JP Morgan Chase Bank for all charges made by the cardholders. This includes charges made on a card lost or stolen before it's reported lost or stolen, and that this liability is passed down to my department. I further understand that any allowable charges made by the Cardholders within my department are the liability of my department. As an Approving Official for the University of Alaska Southeast ProCard Program, I understand that I am the control point for the integrity of the program and protection of my department's budgets through the review of my Cardholder's Statement of Account. I will review all transactions made by cardholders monthly, ensure original documentation is matched to Cardholder Statements, take appropriate action should violations occur, and sign all Monthly Statement of Accounts for Cardholders under my care. I understand that the card is the property of the University, assigned to cardholders in my department and that, in the event of willful or negligent default of the cardholder obligations, the University shall take any recovery action deemed appropriate and necessary as permitted by law. Furthermore, I agree to notify the ProCard Program Administrator immediately in the event that I or any Cardholder under my ProCard approving authority is transferred from the department or is no longer employed by the University.

I understand and accept the following Approving Official's responsibilities:

I will review the monthly Statement of Account for the above named Cardholder who had transactions during the cycle to ensure:

- a) Proper procurement procedures are followed;
- b) Appropriate documentation (logs, receipts) are kept and explanation of variances between invoices and charges are included, and;
- c) Purchases made are not prohibited ProCard transactions.

I will sign all monthly Statement of Account.

I will take appropriate action for violations by:

- a) Informing cardholder of problem and consequences of violation, and;
- b) Informing Program Administrator of transfer or termination of this cardholder, and the transfer or termination or otherwise the change in the delegation of myself as an Approving Official.

Approving Official:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Phone No. \_\_\_\_\_

Department: \_\_\_\_\_

Email: \_\_\_\_\_