

Southern Illinois University Edwardsville

Procurement Card Approver Agreement

Please read and initial each statement.

As an Approver, I agree to comply with the terms of this Agreement. I understand that the University is entrusting me to protect its assets through proper use of the Pcard and the reconciling system.

- _____ 1) I will keep my Pcard reconciling system login information confidential.
- _____ 2) I will report any change in the cardholder's employment status (department change, position, leave-of absence, or termination from SIUE) immediately to Purchasing. Approving transactions in the reconciling system for superiors is not allowed.
- _____ 3) I will approve transactions electronically using the on-line reallocation system and if necessary reallocate charges to appropriate, allowable accounts and/or sub codes within 15 days of posting date. I understand that failure to approve and reallocate charges within 30 days from original posting date may result in suspension or revocation of Pcard privileges.
- _____ 4) I will ensure there has been a verification process of receipts and other supporting documentation for all purchases.
- _____ 5) I will initial or sign all receipts when approving transactions when the cardholder and reviewer/reconciler are the same person. This verification must be done by the Approver (If the Approver chooses not to verify receipts, then the Cardholder and Reviewer functions must be split between two people.)
- _____ 6) I will notify the Procurement Card Administrator promptly of any known or suspected inappropriate or fraudulent card use.

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. Any need to collect debt owed the University will be done in accordance with SIU Board of Trustees 2 Policies C, or pursuant to provisions of the State Comptroller Act, 15 ILCS 405/.

Your signature below and initials by each item listed assures your understanding and acceptance of this responsibility.

Approver Name (please print): _____

Approver Signature: _____ Date: _____