



**PROCUREMENT CARD
APPROVING OFFICIAL AGREEMENT**

Colorado State University is pleased that your department has appointed you as an Approving Official for the Procurement Card Program (PCARD). This appointment represents the University's trust in you to safeguard and protect its assets.

I, _____, acknowledge my appointment as an Approving Official for the PCARD Program.

As an Approving Official, I agree to comply with the terms and conditions of this Agreement. I have obtained an Procurement Card Program Approving Official's Handbook (<http://www.purchasing.colostate.edu/pages/documents/acapragr.pdf>) and agree to comply with the terms and conditions in it and subsequent revisions. I understand the Cardholder's department is liable to JP Morgan Chase for all charges made by the Cardholder and all charges on a lost or stolen card before it is reported lost or stolen. I also understand that any unallowable sponsored project charges made by Cardholders are the liability of the Cardholder's department.

As an Approving Official for the PCARD 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 Cardholders' PCARD Statements of Account (Statements). I will review all transactions made by each of my cardholders, ensure original documentation is matched to Cardholder Statements, take appropriate action should violations occur, and sign all Statements.

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 will take recovery action deemed appropriate and permitted by law. I agree to notify the PCARD Help Desk immediately if I or any Cardholder under my PCARD approving authority is transferred from the department or terminates employment with the University.

APPROVING OFFICIAL:

SIGNATURE

DATE

PRINT NAME

CSU EMPLOYEE ID#

DEPARTMENT

CAMPUS PHONE #

CAMPUS ADDRESS

E-MAIL ADDRESS

eID

DEPT. HEAD OR VP SIGNATURE

NAME(S) OF CARDHOLDER(S) APPROVING FOR:

(If necessary, attach list of names)

Original to Program Administrator
Copy to Approving Official