

P & T- CARD CARDHOLDER AND DELEGATED USER TRAINING AND AGREEMENT FORM

Please initial beside each statement and sign below. Doing so indicates that you understand and will comply with all P&T-Card requirements. The complete P&T-Card Procedures are at:
http://www.mvsu.edu/purchasing/pcard_form

___ I have completed the Online training for P&T-Card Cardholders.

___ I understand that the P or T-Card is issued to me and that it is my responsibility to understand and follow all P&T-Card Procedures.

___ I understand that the P or T-Card has a restricted-use and is considered to be University property. I agree to use my card to only make University approved purchases and not to use my card to make personal purchases.

___ As a cardholder, I understand I am responsible for all charges on the card even if I allow someone else to use my card (a delegated user). I will ensure that my delegated users understand all P&T-Card procedures.

___ I understand that every purchase must have an itemized receipt.

___ I understand that it is my responsibility to ensure that MS sales tax is not charged when using my P-Card for purchases occurring within the state of MS. For the tax exemption number please contact the Purchasing Department.

___ I understand that as a cardholder, my reconciled transactions must be reviewed and electronically approved by my supervisor in Banner Workflow. My supervisor may delegate the review process to someone else as long as that person does not report to me. My supervisor's electronic approval indicates that he/she approves of the P or T-Card charges even though it is after the fact.

___ I understand as a cardholder that my card usage may be audited. I am required to provide receipts and all ----- support documents when requested.

___ For indexes that are an awarded program contact your Sponsored Program Accountant to determine record ----- retention.

___ I will immediately notify both US Bank and a P&T-Card Administrator if my card is lost or stolen.

___ I understand that there are Policies that impact my card use, including Policy, "Meals and Entertainment," "Employee Gifts and Awards." These policies establish strict guidelines and additional support documents or information may be required, such as the Meals and Entertainment information, the Taxable Gifts & Awards Form, and the Memberships and Dues information.

___ As a cardholder, I agree to notify a P&T-Card Administrator when I transfer to another University department - - or terminate employment.

By signing this training and agreement form, I agree to the above for all p-cards that are or will be held in my name or I am a delegated user for the next three years.

----- Card Manager Name _____
Employee Signature

----- Employee I.D. # _____ Date _____
Employee Printed Name