



The undersigned, as an approved Purchase Card (P-Card) holder, State Entity P-Card Administrator or Back-Up Administrator, or State Entity Approving Official or Back-Up Approving Official, **fully understand and agree to the following terms and conditions regarding the use and safekeeping of the P-Card(s) entrusted to me:**

1. I accept full personal responsibility for the safekeeping of all P-Cards assigned to me, and I understand that absolutely no one, other than myself, is permitted to use the P-Card(s) assigned to me.
2. I understand I will be making financial commitments on behalf of the State of Oklahoma and will obtain fair and reasonable prices;
3. I have received training and agree to follow all procedures established for use of the P-Card;
4. I shall not use the P-Card for any non-State related business, unauthorized purchases, personal purchases, or cash advances or approve any such purchases or advances;
5. I will immediately report the theft or loss of the P-Card to Bank of America at (888) 449-2273, my Entity Approving Official and Entity P-Card Administrator;
6. I understand the use of the P-Card does not exempt me from requirements to obtain certain supplies from required sources as set forth in statutes and P-Card procedures;
7. I shall surrender my P-Card(s) upon (a) transfer to another organization of State government; (b) termination of employment with the State; or, (c) request of my supervisor, Entity Approving Official, Entity P-Card Administrator or the State Purchasing Director;
8. I understand any purchases made by me or approved by me shall be recorded and reviewed in management reports, for payments, and possible discrepancies and appropriateness of purchase. Further, I acknowledge that I shall have personal liability for any inappropriate purchases made by me or approved by me and agree to reimburse the State for such purchases; and will abide by Ethics Commission Rule 257:15-1-3;
9. I understand I cannot use the P-Card as a financial reference to obtain personal credit cards or loans;
10. I understand I am personally responsible for obtaining all or requiring all purchase and credit documents (i.e., receipts, receiving documents, disputes, etc.) and submitting them in accordance with State P-Card Procedures;
11. I will use the P-Card only within the limits and restrictions placed upon it unless the Entity P-Card Administrator or State P-Card Administrator has temporarily lifted same due to an emergency situation or other unique circumstance;
12. The Approving Official agrees to review billings for each billing cycle in accordance with the State P-Card Procedures and to immediately report any discrepancies, inappropriate purchases, or any knowledge of violations of the items enumerated above to the State Entity P-Card Administrator and the State P-Card Administrator.
13. I understand failure to follow any of the above listed terms & 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; (c) termination of employment; and/or (d) criminal charges, being filed with the appropriate authority.

My P-Card Program Role is: \_\_\_\_\_

Employee Name (Printed/Typed)	Employee Signature	Date Signed
<b>As Approving Official or Back-Up Approving Official, or State Entity P-Card Administrator or Back-Up P-Card Administrator, I hereby agree to the above terms and conditions and take full administrative responsibility pursuant to the State of Oklahoma Purchase Card Procedures for the action(s) of the Cardholder(s).</b>		
Approving Official (Printed/Typed)	Approving Official Signature	Date Signed
State Entity P-Card Admin (Printed)	State Entity P-Card Admin (Signature)	Date Signed

RECEIPT FOR P-CARD

Printed name of employee: \_\_\_\_\_

Employee P-Card Program Role: \_\_\_\_\_

Dollar and transaction limitations for this cardholder:

Dollars per transaction\* \_\_\_\_\_

Dollars per cycle ("month") \_\_\_\_\_

Transactions per cycle (optional) \_\_\_\_\_

Dollars per day (optional) \_\_\_\_\_

Transactions per day (optional) \_\_\_\_\_

\*There is no P-Card transaction limit for purchases from a Statewide Contract, certain utilities, interagency payments, and professional services as defined in Title 18 O.S. § 803. Any other State P-Card transaction shall not exceed Five Thousand Dollars (\$5,000.00).

I have reviewed and understand the dollar limitations on my p/card and I acknowledge receipt of the P-Card.

Employee Signature \_\_\_\_\_

Date Card Received \_\_\_\_\_

P-Card Account No. (Last 6 digits only): \_\_\_\_\_

Cardholder Activation No. (Last 4 digits only): \_\_\_\_\_

State Entity and Division: \_\_\_\_\_

Cardholder Telephone Number: \_\_\_\_\_

Cardholder Work Location: \_\_\_\_\_

Street Address \_\_\_\_\_

City & State \_\_\_\_\_

Zip Code \_\_\_\_\_

Approving Official: \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_

The State Entity P-Card Administrator or State Entity Back-Up P-Card Administrator must complete and maintain the following information for each P-Cardholder, State Entity P-Card Administrator, State Entity Back-Up P-Card Administrator, State Entity Approving Official, and State Entity Back-Up Approving Official.

Central Purchasing Division Training Date: \_\_\_\_\_

Card Cancellation Date: \_\_\_\_\_

Entity Training Date: (if applicable) \_\_\_\_\_

Date Works Acct Deactivated: \_\_\_\_\_

Re-training date: \_\_\_\_\_

Employee Termination Date: \_\_\_\_\_

Re-training conducted by: \_\_\_\_\_

Card Destruction Date: \_\_\_\_\_

Card Order Date: \_\_\_\_\_

Form to be retained by the State Entity P-Card Administrator