

Cardholder User Agreement - Procurement Card Program

San Diego State University Research Foundation (SDSURF) is pleased to present you with the US Bank VISA Procurement Card (PCard) to be used for official SDSURF, KPBS, or Campanile Foundation business purposes only. Participation in the procurement card program is a privilege that carries a variety of cardholder responsibilities.

As a recipient of an SDSURF PCard, I agree to the following terms and conditions:

Initial Here

1. _____
The PCard is issued based upon the need to purchase business-related goods and services. The PCard is not an entitlement or reflection of title or position. I understand that my PCard may be revoked. If the level of spending falls below \$4,000 annually, the card necessity will be reviewed by SDSURF management.

2. _____
The PCard is issued to the named cardholder only. I understand that I am the only person entitled to use the card. I agree to maintain the safekeeping of the card and not allow another individual to use the card to make purchases. I understand that this practice will result in an automatic card termination.

3. _____
I hereby acknowledge that I am responsible for the security of the card, and if the card is lost or stolen, I will immediately notify US Bank's 24-hour Customer Services Center at (800) 344-5696 and notify the Procurement Card Administrator at (619) 594-5622.

4. _____
I understand that the card is valid only while I am employed with SDSU or SDSURF. It is my responsibility to notify the Procurement Card Administrator to relinquish the card and assure all transactions have proper receipts and approvals prior to my last date of employment.

5. _____
The PCard is for business-related purchases only. I understand that personal charges are not to be made under any circumstances and will result in an automatic termination of the card. If a purchase is determined to be a personal charge or a non-business related expense, I will be personally responsible for the charge and be required to reimburse SDSURF upon request.

6. _____
I understand that it is my responsibility to ensure adequate funds are available before purchases are made on the PCard.

7. _____
I agree to reimburse SDSURF within ten (10) business days of the request for reimbursement and/or authorize SDSURF to deduct from my salary or from any other wages or reimbursement of expenses owed to me, any amount of charges that are deemed by SDSURF to be personal, non-business related, or improper. I fully understand that inappropriate use of the card can be considered misappropriation of funds, which may result in disciplinary action, up to and including termination of employment. If SDSURF initiates legal proceedings to recover amounts owed by me under this Agreement, I agree to pay all legal fees incurred by SDSURF in connection with having to bring such legal proceedings.

8. _____ PCard purchases charged to Sponsored Programs funds require an even greater accountability from the cardholder. When making purchases, I will ensure that the purchases will be (a) allowable under the specific terms of the award, (b) not be purchased, allocated, or redistributed outside of the period of the award, (c) not be in excess of the award funding, and (d) be in accordance with OMB Circular A-21, A-133, and A-110. I understand that any unallowable charges to Sponsored Programs funds may result in disciplinary action and/or cancellation of the card.

9. _____ I understand that all purchases on the PCard will be subject to audit by SDSURF's Department of Finance and Accounting, SDSU's internal auditors, CSU Auditors, and various external auditors. I will provide all detailed vendor receipts supporting PCard transactions and understand excessive missing receipts will cause the card to be cancelled.

10. _____ I will comply with all administrative procedures/requirements related to PCard use within the published deadlines, including: (a) reconciling monthly PCard statement, (b) providing an appropriate receipt supporting the PCard transaction which lists the details of the expense, (c) allocating the expense to the appropriate account code, (d) approving and forwarding the transaction to the approving manager for final review and approval.

11. _____ SDSURF is committed to the highest ethical standards and requires cardholders to avoid any transaction or circumstance that enables, potentially enables, or appears to enable a conflict of interest. I understand I will not use suppliers (individuals or corporations) of goods and services who are family members (spouse, brothers, sisters (whether whole, half-blood, or step), children (whether natural, adopted, or step), grandchildren, great-grandchildren, spouses of brothers or sisters), where I have a financial interest or economic benefit in any way, or if my personal outside business or other interest could be construed to have an influence when making a supplier selection. I will uphold the Conflict of Interest policies of SDSU and SDSURF and not make purchases from any vendors where I would personally benefit directly or indirectly.

12. _____ I understand that it is my responsibility to follow the steps outlined in the procurement card training when disputing a transaction, including printing, signing and faxing my dispute statement to US Bank at Card Member Services Fax (866) 229-9625.

13. _____ As long as I am a cardholder, I am responsible for reading, understanding, and upholding the contents of the Procurement Card Program Policy and Procedures Manual which may be viewed at <http://www.foundation.sdsu.edu/pcard/index.html>.

I have read and understand all the above information and fully understand the responsibilities of being a cardholder of SDSURF's Procurement Card Program. I agree to comply with the Procurement Card Program Policies and Procedures and with this Cardholder Agreement. I also understand that any misuse of the card, or perceived misuse, may result in the card being shut off or immediately terminated. By signing below, I acknowledge receipt of SDSU Research Foundation Procurement Card.

Cardholder Printed or Typed Name:

Cardholder Signature: Date: