

[Return to P-Card Administrator UMC 2400 or fax 7-1077](#)

P-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-Card requirements. The complete P-Card Procedures are at: <http://www.usu.edu/controller/acctpay/pcard.cfm>

_____ I have completed the online training for P-card Cardholders.

_____ I understand that the P-Card is issued to me and that it is my responsibility to understand and follow all P-Card Procedures.

_____ I understand that the P-Card is a restricted-use card 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-Card procedures.

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

_____ I understand that it is my responsibility to ensure that Utah sales tax is not charged when using my P-Card for purchases occurring within the State of Utah. The tax exemption number is imprinted on my P-Card.

_____ I understand that as a cardholder my monthly P-Card statements must be reconciled. I may assign the reconciliation process to someone else. I must always sign and date the reconciled statements since I am the Cardholder. My signature indicates that the P-Card charges on the statement are University approved purchases.

_____ I understand that as a cardholder my reconciled statements must be reviewed, signed and dated by my supervisor. My supervisor may delegate the review process to someone else as long as that person does not report to me. My supervisor's signature indicates that he/she approves of the P-Card charges on my statement even though it is after the fact.

_____ I understand as a cardholder that my card usage may be audited. I am required to provide reconciled statements and all support documents when requested.

_____ As a cardholder, I must retain my reconciled statements and support documents for a minimum of 5 years from the statement date UNLESS the index that pays my P-Card charges is an awarded program (contract or grant). For indexes that are an awarded program, contact your Sponsored Program Accountant to determine record retention.

_____ I will immediately notify both US Bank (800-344-5696) and a P-Card Administrator (797-1037) if my card is lost or stolen.

_____ I understand that there are USU Policies that impact my card use, including Policy 516 "Meals and Entertainment," and Policy 505 "Employee Gifts & Awards." These policies establish strict guidelines and additional support documents may be required, such as the Meals and Entertainment Form and the Taxable Gifts & Awards Form.

_____ As a cardholder, I agree to notify a P-Card Administrator (797-1037) 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 A# _____ Date _____
Employee Printed Name