



EMPLOYEE AND AGENCY INFORMATION

My P-card program role is: ☐ Cardholder ☐ Approver ☐ P-card administrator

Employee name

Phone

Email

Work location address

Agency name and division

AGREEMENT

I, the undersigned, as an approved purchase card (P-card) holder, state agency P-card administrator or backup administrator, or state agency approving official or backup 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 nonstate-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 agency approving official and agency 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 the state 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, agency approving official, agency P-card administrator or the state purchasing director or designee.
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 of Oklahoma for such purchases; and will abide by Ethics Commission Rules.
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 the state P-card procedures.
11. I will use the P-card only within the limits and restrictions placed upon it unless the agency P-card administrator or state P-card administrator has temporarily lifted the limits and restrictions due to an emergency 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 immediately report any discrepancies, inappropriate purchases, or any knowledge of violations of the items enumerated above to the agency P-card administrator and the state P-card administrator.
13. I understand failure to follow any of the above listed terms and conditions or misuse of 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.

SIGNATURES

Employee signature

Date signed

As approving official or backup approving official or state agency P-card administrator or backup P-card administrator, I hereby agree to the above terms and conditions and take full administrative responsibility pursuant to the State of Oklahoma P-card policy and procedures for the action(s) of the cardholder(s).

Approving official name

Approving official signature

Date signed

Agency P-card administrator name

Agency P-card administrator signature

Date signed

RECEIPT FOR P-CARD

P-CARD ACCOUNT INFORMATION

P-card account # (last 4 digits)	Verification #
Single transaction limit*	Credit limit (per cycle)

*There is no P-card transaction limit for purchases from a statewide contract, utilities, interagency payments, and professional services as defined in 18 O.S. § 803. Any other state P-card transaction shall not exceed \$25,000.

CARDHOLDER SIGNATURE OF RECEIPT

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

Cardholder signature	Date card received	
Approving official name	Phone	Email

TRAININGS

The agency P-card administrator or backup P-card administrator must complete and maintain the following information for each P-cardholder, agency P-card administrator, agency backup P-card administrator, agency approving official and agency backup approving official.

Initial OMES training date:	Initial agency training date:
Refresher training title:	Refresher training date:
Refresher training title:	Refresher training date:
Refresher training title:	Refresher training date:
Refresher training title:	Refresher training date:

RECORD OF IMPORTANT DATES

Card order date:	Card cancellation date:
Card lost/stolen date:	Date works account deactivated:
Employee termination date:	Card destruction date:
Date copy of signed agreement and receipt provided to employee:	