

Cardholder Applicant Name: _____

Part III Department Head/Supervisor Authorization and Review of Cardholder Activity

APPROVING OFFICIAL AGREEMENT

The appointment as an approving official represents the university's trust in you and your empowerment as a responsible employee of the university to safeguard and protect its assets.

As the Approving Official, you agree to comply with your responsibilities as outlined in the ESF Procurement Card Guidelines. You understand these guidelines and will comply with the terms and conditions and subsequent revisions. You understand that the university is liable to JP Morgan Visa for all charges made by the cardholder including charges made on a lost or stolen card before it is reported lost or stolen and that this liability is passed down to your department. You further understand that any allowable charges made by the cardholder within your department are the liability of your department. ESF or JP Morgan may terminate use of the card at any time for any reason.

As an Approving Official for the ESF Procurement Card Program, you understand that you are the control point for the integrity of the program and will monitor your department's budgets through the review of the cardholder's statement of account. You will review all transactions made by cardholders monthly, on or about the 14th of each month, ensure original documentation is matched to cardholder statements, take appropriate action should violations occur, and sign all monthly cardholder statements.

You understand that the card is the property of the university, assigned to cardholders in your department and that, in the event of willful or negligent default of the cardholder obligations, the university shall take any recovery action deemed appropriate as permitted by law. You will ensure proper department procurement procedures are followed and appropriate documentation is kept. You will take appropriate action for violations by informing the cardholder of the problem and the consequences of violation and notify the necessary authority. Furthermore, you will inform the PCard Program Administrator of any transfer or terminations of this cardholder, and/or transfer, termination, of your designation as the Approving Official.

Department Head/Supervisor must sign below and choose option #1 or option #2.

Option #1 - As the Department Head/Supervisor, I authorize the above cardholder. I also understand and accept the above Approving Official's responsibilities.

Department Head/Supervisor Name: _____ **Title:** _____

Signature: _____ **Date:** _____

Department name: _____ **Address:** _____

Phone: _____ **Email:** _____

Option #2 - As the Department Head/Supervisor, I authorize the above cardholder, **but** I choose to reassign the Approving Official's responsibilities to:

Approving Official's Name: _____

Department Head/Supervisor Name: _____ **Title:** _____

Signature: _____ **Date:** _____

As the assigned Approving Official, I understand and accept the above Approving Official's responsibilities for the above listed cardholder:

Approver Name: _____ **Signature:** _____ **Date:** _____

Department name: _____ **Address:** _____

Phone: _____ **Email:** _____

Submit page 1 and 2 together. Incomplete or illegible applications will be returned.