

**WESTERN OREGON UNIVERSITY
DEPARTMENTAL PROCUREMENT CARD AGREEMENT**

I, _____, hereby request Departmental Purchasing Card(s). As the card(s) custodian/**account manager** I agree to comply with the following terms and conditions regarding use of the card(s).

1. I understand and will adhere to the policies and procedures governing the use of Departmental Procurement Cards. Additionally, I will strive to obtain the best value for the university.
2. I understand that my department is liable to US Bank for all charges made on the cards.
3. I authorize the buyers listed below to use the Card(s) for approved purchases only and agree not to charge personal purchases.
4. I agree to return the Card(s) immediately upon request or upon termination of employment (including retirement). Should there be any organizational change that causes my department to likewise change, I also agree to return the Card(s) and arrange for replacement, if appropriate.
5. If a Card is lost or stolen, I agree to notify the Campus Coordinator and US Bank immediately.

Custodian/**Account Manager** _____ Date _____
(Signature)

Custodian/**Account Manager** _____ V# _____
(Please Print)

Budget Authority/**Cardholder** _____ Date _____
(Signature)

Budget Authority/**Cardholder** _____ V# _____
(Print)

_____ Primary Billing Index
Department Name (Do not abbreviate)

Department Division (If not applicable use N/A)

BUDGET AUTHORITY CANNOT BE A CARD USER

By signing below I understand and agree to the policies and procedures governing the use of Departmental Procurement Cards.

AUTHORIZED BUYER (Please Print)

SIGNATURE OF BUYER & DATE

Business Services Office Use Only

PCARD Last 4 Digits _____ Name of Pcard _____