

Cardholder Delegation Form

I, (cardholder) _____, am delegating the use of my PCard to (delegated employee) _____ for use in procuring certain goods and services. Authorization is given for 1 to 7 days from _____ through _____. By signing this agreement, you as (delegated employee) acknowledge that you understand and will comply with all of the University of Arkansas Procurement Card guidelines, as listed below.

I, as the authorized and approved cardholder, fully understand that I am ultimately responsible for the purchases made by the delegated employee using my PCard.

Both the delegated employee and the cardholder must sign and agree to the following terms and conditions regarding the use and safekeeping of the procurement card (PCard):

1. I will be making financial commitments on behalf of the University of Arkansas and will obtain fair and reasonable prices.
2. I have received instruction from cardholder and agree to follow all procedures established for use of the PCard.
3. I will not use the PCard for non University of Arkansas related business, unauthorized purchases, or for personal purchases.
4. I will immediately return the PCard, and all receipts, to the cardholder.
5. I understand that the use of the PCard does not exempt me from purchasing requirements as set forth in University of Arkansas policy and procedures and the PCard guidelines.
6. I understand that I am personally responsible for obtaining ALL original detailed receipts (purchase and credit documents) and submitting them in accordance with University of Arkansas PCard procedures.
7. I understand that any purchases made by me will be recorded and reviewed in management reports, to insure compliance with Purchasing and Pcard guidelines.
8. I understand that failure to follow any of the above listed terms & conditions or if found to have misused the PCard in any manner may result in:
 - Revocation of the privilege to use the PCard
 - Disciplinary action
 - Termination of employment, and/or criminal charges being filed with the appropriate authority.

I hereby accept the above terms and conditions for delegation of the PCard.

Delegated Employee Name	Delegated Employee Signature	Date Signed
Cardholder Name Printed	Cardholder Signature	Date Signed

This form must be attached to each receipt for which the delegation of the PCard was used. This form will be scanned with the receipt.