Section VIII: APPENDICES

Appendix I: ProCard Agreement Form

Please complete and send to the ASI ProCard Administrator

EMPLOYEE INFORMATION

PRINT CARDHOLDER NAME (First Name, Middle Initial, Last Name)	**EMPLOYEE ID#**

PHONE EXTENSION:	**E-MAIL ADDRESS:**

DEPARTMENT NAME:	**PRINT NAME OF APPROVING OFFICIAL (with fiscal authority for this Dept).**

PS DEFAULT	**Account**	**Fund**	**Dept.**	**Class**

Single Purchase Limit:	Monthly Purchase Limit:

CARDHOLDER SIGNATURE

I understand all items purchased using a ProCard, regardless of dollar amount, are State Property and must be tracked accordingly. Please reference ProCard manual, under "Cardholder Responsibilities". I understand that non-adherence to any responsibilities or procedures outlined in the ProCard Manual may result in the revocation of my Cardholder privileges.

By signing below, I certify that I have received and read the ProCard Manual.

Cardholder Signature: ✍ _____ *Date:* _____

APPROVING OFFICIAL SIGNATURE

- *I understand and accept the responsibilities of a ProCard Approving Official, as described in the ProCard Manual.*
- *I agree to review and approve the Cardholder's Monthly Transaction Report, overseeing that the transactions are appropriate and in compliance with ProCard policies and that the corresponding documents are accurate and complete.*
- *I agree to assume the Cardholder's monthly ProCard responsibilities in the event that he/she is unable to do so.*

By signing below, I hereby grant fiscal authority to make purchases using the ProCard ONLY to the Cardholder for the General Ledger Accounts approved during the annual budget process.

Approving Official Signature: ✍ _____ *Date:* _____

APPROVING OFFICIAL SIGNATURE

ProCard Administrator Signature: ✍ _____ *Date:* _____

CARD RECEIVED

The signatures below indicate the ProCard ending in _____has been received by the Cardholder.

Cardholder Signature: ✍ _____ *Date:* _____

CARD RETURNED

The signatures below indicate the ProCard has been returned to the ProCard Administrator.

Cardholder Signature: ✍ _____ *Date:* _____

ProCard Administrator Signature: ✍ _____ *Date:* _____