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| J:\Function\Branding\- New OMES logo\Horizontal\OMES-logo-horiz-RGB.jpg |  | State Purchase Card Program Employee Agreement |

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| The undersigned, as an approved purchase card (P-card) holder, state agency P-card Administrator or back-up administrator, or state agency approving official or back-up 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 non-state 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 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 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 State P-card Procedures; 11. I will use the P-card only within the limits and restrictions placed upon it unless the state agency P-card Administrator or State P-card Administrator has temporarily lifted the limits and restrictions due to an emergency situation 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 state agency P-card Administrator and the State P-Card Administrator. 13. I understand failure to follow any of the above listed terms & conditions or, if found to have misused 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. | | | | | | | | | | | |
| My P-card program role is: | Cardholder | | | Approver | | P-card Administrator | | | | | |
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| Cardholder name (printed/typed) | |  | Cardholder signature | | | |  | | | Date signed | |
| **As approving official or back-Up approving official, or state agency P-card Administrator or back-up P-card Administrator, I hereby agree to the above terms and conditions and take full administrative responsibility pursuant to the State of Oklahoma Purchase Card Procedures for the action(s) of the cardholder(s).** | | | | | | | | | | | |
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| Cardholder approving official name (printed/typed) | |  | Cardholder approving official signature | |  | | | | Date signed | |
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| State agency P-card Administrator (printed) | |  | State agency P-card Administrator (signature) | | | |  | | | Date signed | |

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| RECEIPT FOR P-CARD | | | | | | | | | | | | | | | | | | | | | | | | |
| **Printed name of cardholder:** | | | |  | | | | | | | | | | | | | | | | |
| **Dollar and transaction limitations for this cardholder:** | | | | | | | | | | | | | | | | | | | | | | | | |
| Dollars per transaction\* | | | | | | | | | |  | | | | | | | | | | | | | |
| Dollars per cycle (“month”) | | | | | | | | | |  | | | | | | | | | | | | | |
| \*There is no P-card transaction limit for purchases from a statewide contract, utilities, interagency payments, and professional services as defined in Title 18 O.S. §803. Any other state P-card transaction shall not exceed five thousand dollars ($5,000.00). | | | | | | | | | | | | | | | | | | | | | |
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| I have reviewed and understand the dollar limitations on my P-card and I acknowledge receipt of the P-card. | | | | | | | | | | | | | | | | | | | | | | | | |
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| Employee signature | | | | | | | | | | |  | Date card received | | | | | | | | | | |
| P-card Account No. (Last 6 digits only): | | | | | | |  | | | | |  | | | | | | | | | | |
| Verification No. (Last 4 digits only): | | | | | | |  | | | | |  | | | | | | | | | | |
| State agency and Division/Department: | | | | | | |  | | | | | | | | | | | | | | | |
| Cardholder Telephone Number: | | | | | | |  | | | | | | | | | | | | | | | |
| Cardholder Work Location: | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | |  | | |  | | | | | |  | | |  | |
|  | Office Address | | | |  | | | City & State | | | | | | | |  | Zip Code | | | |
| Approving Official: | |  |  | | | | | | | | | |  |  | | | | |
|  | |  | Name | | | | | | | | | |  | Phone | | | | |
| **The state agency P-card Administrator or state agency back-up P-card Administrator must complete and maintain the following information for each p-cardholder, state agency P-card Administrator, state agency back-up P-card Administrator, state agency approving official, and state agency back-up approving official.** | | | | | | | | | | | | | | | | | | | | | | | | |
| |  |  |  |  | | --- | --- | --- | --- | | Initial OMES Training Date: |  | Card Order Date: |  | | Initial Agency Training Date: |  | Card Cancellation Date: |  | | Periodic Internal Training Date: |  | Card Compromise Date: |  | | Periodic Internal Training Date: |  | Date Works Account Deactivated: |  | | Periodic Internal Training Date: |  |  |  | | Periodic Internal Training Date: |  |  |  | | Periodic Internal Training Date: |  |  |  | | Periodic Internal Training Date: |  |  |  | | Periodic Internal Training Date: |  |  |  | | Periodic Internal Training Date: |  |  |  | | Periodic Internal Training Date: |  |  |  | |  |  | Employee Termination Date: |  | |  |  | Card Destruction Date: |  | | | | | | | | | | | | | | | | | | | | | | | | | |

Copy of completed form and/or card receipt provided to agency employee on      