

**The University Corporation  
California State University, Northridge  
US Bank Procurement Card (PCard) Program Agreement**

**Name of Cardholder** \_\_\_\_\_

**TUC Department/Fund or Project No.** \_\_\_\_\_ **Phone Extension No.** \_\_\_\_\_

The Cardholder agrees to accept the responsibility for use of the PCard for authorized purchases for official University business only. The Cardholder has received training for the PCard and is responsible for ensuring the purchases made via the PCard are in accordance with the TUC Card Manual available at <http://www.csun.edu/tuc/pcardmanual.html>.

Specifically, the Cardholder is responsible for security of the card, appropriate use of the card, timely and accurate on-line approval and reconciliation of transactions, ensuring original receipts are obtained for all transactions, making advance preparation for monthly statements when planning to be out of the office, immediate reporting of fraud, lost or stolen card to US Bank Customer Service, and follow up and resolution of all disputed charges.

**Cardholder** must, **within four calendar days**, complete their monthly on-line reconciliation and approval of transactions process for each Billing Cycle. Billing Cycles are scheduled to end on **the 18<sup>th</sup>** of each month, or next business day if **the 18<sup>th</sup>** falls on a weekend or holiday. Access Online will send out reminders and notifications to Cardholders and Approvers of monthly reconciliation deadlines.

The **Cardholder** must also forward to their Approvers a printed statement and attach original, itemized receipts/invoices, and backup documentation within that **four day** period. The **Approver** will have **two calendar days** to complete on-line authorization of transactions and must forward the printed statement and original receipts/invoices to TUC Accounts Payable within that two-day period. This is a mandatory requirement.

Should the Cardholder want to terminate the PCard or if the Cardholder transfers to another University department, the Cardholder must obtain all receipts for transactions for the current billing cycle (if any), provide these receipts to their Approver and return the PCard, in person, to the TUC Accounting office. Should the Cardholder terminate employment from the University, the Cardholder must obtain all receipts for transactions for the current billing cycle (if any), provide these receipts to their Approver, and return the PCard to the TUC accounting department or TUC Human Resources department as part of the separation/clearance process, as outlined by Human Resource Services, prior to separation from TUC and/or the University.

The Cardholder understands this program is a privilege and failure to follow the procedures contained in the PCard Manual can result in warning memos, a temporary revocation of use for three (3) months and revocation of this privilege.

The Cardholder must not allow any other individual, including co-workers, to use the PCard or sign PCard drafts under any circumstances. The Cardholder can instruct co-workers to sign packing slips if a co-worker will be picking up items the Cardholder has already ordered.

The Cardholder understands the following transactions are prohibited by State or CSU regulations:

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| 1) <b>Cash Advances.</b>   | 4) <b>Purchase of alcohol, narcotics, and other controlled substances.</b> |
| 2) <b>Splitting of purchases to circumvent regulations.</b>                                    | 5) <b>Purchase of equipment exceeding \$5,000 in value.</b>                |
| 3) <b>Purchase of any goods/services/gifts or items of a personal nature for personal use.</b> | 6) <b>Consulting or any contract services.</b>                             |

# THE UNIVERSITY CORPORATION

## P-CARD ACCOUNT REQUEST FORM

### EMPLOYEE/PRINCIPAL INVESTIGATOR INFORMATION:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Email: \_\_\_\_\_  
(no nicknames)

Department Name: \_\_\_\_\_ Ext: \_\_\_\_\_ Location/Mail Code: \_\_\_\_\_

Final Approver's Name: \_\_\_\_\_ Final Approver's Email: \_\_\_\_\_  
(SP Liaison if for a project/grant)

### CHARTFIELD DEFAULTS:

Fund: \_\_\_\_\_ Department No: \_\_\_\_\_ Project No: \_\_\_\_\_

Single Transaction Limit: \$ \_\_\_\_\_ Monthly Transaction Limit: \$ \_\_\_\_\_

### APPROVAL:

As a Director/Principal Investigator, I am requesting a TUC P-Card account to be established for the person identified above. I have financial approval authority over the department/project that the card is attached to and I authorize this transaction.

Cardholder: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name Signature

Approver: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name Signature

TUC: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name Signature