

LEWIS-CLARK STATE COLLEGE

Department P-Card Manager Agreement



By this agreement Lewis-Clark State College (LC) is pleased to authorize you to act as a Department P-Card Manager under the LC P-Card Program.

1. By my signature below, I hereby acknowledge my appointment as a Department P-Card Manager for the LC P-Card Program. I have read and will follow the *LCSC Procurement Card Program Policies and Procedures Manual* and agree to fulfill the responsibilities outlined in this agreement, the manual and subsequent revisions.
2. As a Department P-Card Manager, I understand that I am an internal control owner for the P-Card Program and responsible for reviewing all activity to verify that departmental use complies with all State of Idaho and Institutional policies, procedures, and provisions of the P-Card Program. I will review all transactions made by my department, ensure original documentation is matched to the monthly statements, and complete the monthly transaction log. I will take appropriate action should violations occur, allocate charges prior to each month end, and obtain signature approval from the P-Cardholder and the Department Head on a monthly basis.
3. I understand that LC is liable to Bank of America for all charges made by my department including charges made on a lost or stolen P-Card before it's reported lost or stolen. I will promptly notify the P-Card Administrator in the Controller's Office of any suspected or actual P-Card misuse or loss of P-Card.
4. I understand that I will be required to comply with internal control procedures designed to protect the assets of LC, assist with internal & external audit requirements and maintain P-Card documentation for a minimum of 5 years (including original receipts, statements, and required documentation).
5. I understand that I serve as a point of contact for auditors requesting department P-Card documentation.
6. I understand that the P-Card is the property of LC, is assigned to the P-Cardholder, and, in the event of willful or negligent default of the P-Cardholder's obligations, LC shall take any recovery action deemed appropriate as permitted by law. Furthermore, I agree to notify the P-Card Administrator in the Controller's Office immediately in the event that I or the P-Cardholder under my management authority is transferred to another department or is no longer employed by LC.

Please provide name(s) of P-Cardholder(s) you are responsible for reviewing each month:

P-Cardholders Name(s)		

Your signature below indicates that you have read and will comply with the terms of this agreement and certifies that you have taken the online P-Card tutorial.

Department P-Card Manager (Signature)

Date

Department