

LEWIS-CLARK STATE COLLEGE

Department Head P-Card Agreement



By my signature below, I hereby acknowledge my responsibility for the P-Card(s) associated with my department. 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.

As the department head, I am required to review my staffs' P-Cardholder(s) statements, original receipts, and authorize monthly P-Card expenses, which may also include my own. 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 and work with the Department P-Card Manager to ensure original documentation is matched to the monthly statements and ensure that expenses are allocated correctly in the Bank of America system. I will discuss any non-compliance issues with the staff involved and should any violations occur, discuss appropriate action with the Program Administrator in the Controller's Office.

I understand that Lewis-Clark State College 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.

I understand that I will be required to comply with internal control procedures designed to protect the assets of Lewis-Clark State College and assist with audit requirements

I understand that the P-Card is the property of Lewis-Clark State College, is assigned to the P-Cardholder, and, in the event of willful or negligent default of the P-Cardholder's obligations, the College 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, the Department P-Card Manager, or the P-Cardholder under my approving authority is transferred to another department or is no longer employed by Lewis-Clark State College.

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

P-Cardholder Name	Monthly Limits

Your signature below indicates that you have read and will comply with the terms of this agreement, that you are ultimately responsible for authorizing all P-Card expense made by the staff in your department, and certifies that you have taken the online P-Card tutorial.

Department Head (Signature)

Date

Department