



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-Cardholder printed name	P-Cardholder signature

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 Warrior ID# Printed name/Department