



**Lewis & Clark College**  
*Purchasing Card Holder Agreement*

<b>Employee / Card Holder Name</b> _____	
<b>Date</b> _____	<b>Division (CAS, Law, Grad, Common Svcs, Aux Svcs)</b> _____
<b>Department Name</b> _____	<b>Department Number</b> _____

I have requested a corporate purchasing card and agree to comply with the following terms and conditions of participation in the Lewis & Clark College Purchasing Card Program:

1. I understand that my actions as a Card Holder constitute financial commitments on behalf of Lewis & Clark College.
2. I understand that failure to use my Purchasing Card in accordance with the terms and conditions of this agreement may result in revocation of my card holder privileges.
3. I have received and read the [Purchasing Card Program Handbook](#) and agree to follow the procedures described therein.
4. I understand that I am personally responsible for the safe-keeping and appropriate use of the card.
5. I agree to use the Purchasing Card only for authorized Lewis & Clark College business purposes.
6. I understand that the College will request reimbursement for any personal or unauthorized purchases, and may take other corrective actions up to and including termination of employment.
7. I agree to purchase materials and services from the College's "preferred suppliers" whenever possible.
8. I acknowledge that the Business Office will audit my use of the Purchasing Card.
9. I acknowledge that my Department Manager will review all of my purchasing card transactions for approval.
10. I agree to promptly provide any additional information requested by my approving supervisor or the Business Office concerning any of my purchasing card transactions.
11. I agree to retain original documentation (receipts, contracts, event schedules, etc) for all purchases made on my Purchasing Card.
12. I agree to review and sign-off for all of my monthly Purchasing Card transactions within 5 business days of the following month, or allow the proxy named below to do so on my behalf.
13. I agree to attach an itemized receipt for all transactions of \$50.00 or more and to provide a detailed business purpose for all transactions.
14. I understand that my card privileges will be suspended if I am delinquent in timely reporting and sign-off of transactions as described herein. I also understand that my card privileges may be suspended if my Manager is delinquent in approval of my transactions.
15. I agree to notify the Business Office promptly if I transfer to a different department or anticipate a significant change in my purchasing pattern.
16. I agree to return the purchasing card immediately to my approving supervisor or the Business Office upon request or at termination of employment.

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17. If my Purchasing Card is lost or stolen, I will promptly notify the Business Office at 503-768-7878 and Bank of America at 1-888-449-2273.
18. I understand that the Business Office may terminate my purchasing card privileges at any time for any reason at their discretion.

Card Holder Name (Please Print)	Card Holder Signature	Date
Proxy Card Holder Name (Please Print)	Proxy Card Holder Signature	Date

**Manager Agreement & Approval**

I have read the terms and conditions listed in this agreement and will be responsible to ensure Card Holder compliance with all of the above.

I have received and read the Purchasing Card Program Handbook and agree to comply with procedures described therein.

I agree to monitor the purchase activity of the Card Holder, validate the business purpose of each transaction, and obtain additional information as needed to resolve any outstanding issues.

I agree to review the expense account number(s) assigned to each transaction for accuracy and to verify that the business expense is properly classified.

I agree to complete the electronic approval of monthly purchases made by the Card Holder by the 10<sup>th</sup> day of the following month.

I understand that the lack of timely approval on my part of Card Holder transactions may result in suspension of card privileges.

If the Card Holder does not fully comply with the terms and conditions of this agreement at any time, I agree to notify the Business Office to suspend the card account until appropriate action is taken to resolve the issue(s).

Manager Name (Please Print)	Manager Signature	Date
Business Office Approver (Please Print)	Business Office Approver Signature	Date