State of Arkansas
Purchasing Card Agreement Form

Printed Name:_____ Agency/ Business Area: 9915 Department of Veterans Affairs

As an authorized and approved Arkansas Purchasing Cardholder, I fully understand agree to the following terms and conditions regarding the use and safekeeping of the credit card(s) and/or account number (s) entrusted to me:

1. I have or will receive training on the Purchasing Card policy and procedures.
2. I acknowledge that I do not have any accounts payable duties or functions; and that if I do my card privileges may be revoked.
3. Accept full personal responsibility for the safekeeping of the Purchasing Card and/or account number assigned to me and that absolutely no one, other than me, has authority to use the card and/or account number assigned to me or make charges on the card and/or account.
4. Will be making financial commitments on behalf of the State of Arkansas and will always endeavor to obtain fair and reasonable prices.
5. Will not use the Purchasing Card and/or account numbers for non-state official business, unauthorized, or personal purchases. If such charges occur I may be required to reimburse the State not the bank for all incurred charges and any fees related to the collection of those charges and do all such other things to remedy the situation.
6. Will immediately report the theft or loss of the Purchasing Card and/or account number to, US Bank by phone at 1-800-344-5696 and my Agency Purchasing Card Liaison. Failure to notify the appropriate authority of the immediate theft, loss, or the misplacement of the Purchasing Card and/or Account Number will make me personally responsible for any fraudulent or unauthorized use.
7. Will surrender my Purchase Card and/or account number upon (a) my termination of employment with the State of Arkansas, or (b) retirement, or (c) transfer to another agency within the state, or (d) my supervisor or the OSP Credit Card Manager requests surrender of my card(s).
8. Understand that I am responsible for obtaining all original detail receipts and submit them in accordance with my agencies policies and the Arkansas Purchasing Card Program's policies and procedures.

I understand that failure to follow any of the above listed terms and conditions or if found to have misused the Purchasing Card in any manner may result in (a) revocations of the privilege to use the card, (b) disciplinary action, (c) termination of employment, and/or criminal charges being filed with the appropriate authority. I hereby accept the above terms and conditions.

- ***This agreement includes all future types of accounts as a cardholder and/or account custodian.***

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Employee Signature Date Signed