Department Agreement Form

Check one:  [ ] New cardholder  [ ] Change (if new Reviewer/Approver or new department head)

1. BY SIGNING THIS AGREEMENT AS THE DEPARTMENT HEAD, I APPLY for the U.S. Bank Procurement Card (P-Card) Program and agree to abide by all the guidelines specified below, and with applicable UC policies and procedures.

2. Department Name: _________________________________________________________
   Department ID: ____________________________________________________________

3. Department Responsibilities:
   a) **Department Head:** The department head may designate a financial manager or equivalent to administer and monitor all charges originated from the program. The department head may authorize employees to utilize the program for UCSF official business-related goods.

   b) **Record Keeping:** The department will be responsible to keep receipts for all purchases made using the P-Card. The department ensures the original itemized receipt is included in their documentation for each purchase as described in the applicable UCOP policies, including BUS-43 – Material Management and BUS-79 – Expenditures for Business Meetings, Entertainment/Meeting and Other Occasions. An approved P-Card meeting and entertainment expense form or a detailed log should be completed for each event. The completed documents should be kept in the department per University retention policy. All documentation should be made available to the Card Program Services and Internal Auditors upon request.

   c) **Billing Disagreement or Adjustment:** The department will contact U.S. Bank to resolve any overcharges, erroneous charges, fraudulent charges, and any general dispute or conflicts. The department will be held responsible for any fraudulent charges generated by the department employees. If a credit is due or item is returned, the vendor will issue a credit memo; the department will not request or accept cash back.

   d) **Guidelines and Penalties:** The department will utilize this program for only University official business where a purchase order is not necessary and is not a BearBuy catalog vendor. The P-Card should NOT be used to purchase inventorial equipment. The department will ensure all proper approval requirements and documentation as described in UCOP Policies, including BUS-43. No alcohol or tobacco expenses should be charged to state and federal funds or any applicable restricted funds. No purchases of hazardous material may be on the P-Card. See restricted list on Appendix B for additional items. The Card Program Services may perform a random audit of supporting documentation, and if an audit reveals a policy violation, the P-Card may be revoked. Version 3 Page 2 of 2 Date: 01/31/14

   e) **Statutory Compliance:** In addition to the terms and conditions described above, the department is also responsible for recognizing and complying with any policies and regulations applicable to any funds or grants, including state and federals funds or restricted funds, used for these expenses.

   f) **Department Reviewer/Approver:** In the event of questions regarding accounting information or other matters, please list a contact below.

   g) **Accounting Information:** The department agrees to provide a default COA Chartstring on the P-Card Application that can be used to code the transactions for entry into the PeopleSoft accounts payable module. It is acknowledged that the vendor name to be shown on MyReports will be “Corporate Payment System”. The department is responsible for any reclass entries.
WITH MY SIGNATURE BELOW, I ACKNOWLEDGE HAVING READ THIS AGREEMENT AND AGREE TO BE
BOUND BY ITS TERMS AND CONDITIONS. MY DEPARTMENT WILL RETAIN A COPY FOR REFERENCE.

APPROVALS:

Department Head: ____________________________________________

(Signature) (Date)

________________________________________________________________________________________

(Print name) (Phone Number)

Department Reviewer/Approver: ____________________________________________

(Print name) (Phone Number)

Department Reviewer/Approver: ____________________________________________

(Print name) (Phone Number)

Cardholder: ____________________________________________

(Print Name) (Phone Number)

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For Card Program Services Use Only

Receive Date: ______________________________

Process Date: ______________________________

Processed By: ______________________________