

CARDHOLDER NAME: _____ LAST FOUR DIGITS OF PROCARD _____

MEMORANDUM OF UNDERSTANDING FOR THE PURCHASE OF EQUIPMENT ON PROCARD

By signing below, I, the Cardholder, certify that I understand and accept the following terms and conditions:

1. I agree to continue to follow the policies and procedures established by the University for the use of my card as detailed in the Procard Users Guide, the Procard Cardholder Agreement that I have signed and any other Procard policies subsequently created. I understand that failure to follow these policies may result in the revocation of my card use privileges and/or in disciplinary action.
2. I understand that in order to qualify for this increased level of responsibility, I must have the approval of my account administrator and department head, as shown below.
3. I agree to use the University's Procard definition of "equipment", to identify any equipment items that I may purchase with my Procard.
4. I understand that furniture is a type of equipment that I may not purchase with my Procard.
5. I understand that any equipment purchase that I make is limited by the single transaction limit that is assigned to my card.
6. I understand that the Post Audit Team will review my records and that violation of any of the terms and conditions contained in this Memorandum of Understanding may result in the revocation of my ability to use the Procard.
7. I understand that departments are responsible for the tracking and safe guarding of equipment, including equipment purchased with the Procard, to ensure the equipment is for appropriate business use, remains the property of the University and can be accounted for at all times.

Cardholder Name (please print)

Cardholder Signature

Date

By signing below, I certify that the cardholder named above is being granted an increased level of responsibility to purchase equipment with their Procard. I agree to monitor equipment purchases to insure that University Purchasing and Inventory policies and procedures are followed. I understand that departments are responsible for tracking and safe guarding of equipment, including equipment purchased with the Procard, to ensure the equipment is for appropriate business use, remains the property of the University and can be accounted for at all times.

Speed Type: _____ Fund: _____ DeptID: _____ P/G: _____

Account Administrator (Please Print)

Account Administrator Signature

Date

Department Head (Please Print)

Department Head Signature

Date

FORWARD TO PROCARD MANAGER – 407 GOODELL

Grant Accountant (if Applicable)

Date

Procurement Program Manager

Date