



Accounts Payable Office

# SAMPLE Purchasing Card Departmental Agreement

Custodian	OSU ID#
Account Manager	Banner Log In
Business Manager	Banner Log In
Budget Authority (Chair/Director/Dean) / Banner Cardholder	OSU ID#

Bill to Address:

Purchasing Card #: \_\_\_\_\_ Name as Embossed on Card \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Primary Billing Index: \_\_\_\_\_

Credit Limit \$ \_\_\_\_\_

OREGON STATE UNIVERSITY  
OREGON UNIVERSITY SYSTEM  
VISA PURCHASING CARD AGREEMENT

## 1. DEPARTMENT BUDGET AUTHORITY (CHAIR/DIRECTOR/DEAN) RESPONSIBILITIES

### a. VISA Card Acknowledgement:

As the Department's Budget Authority, I accept responsibility for the VISA Purchasing Card listed above and agree to the stated credit limit. I have access to all associated policies and guidelines including the OUS Financial Administration Standard Operating Manual - FASOM <http://www.ous.edu/cont-div/fpm/> and the OSU Purchasing Card Program Policies and Procedures <http://oregonstate.edu/fa/businessaffairs/accountspayable/purchasingcard.php>. I understand the rules and guidelines for purchasing card use and recognize that inappropriate usage will result in the revocation or suspension of the departmental VISA Purchasing Card.

### b. Assign Custodian:

As the Departmental's Budget Authority, I have assigned the duties of card custodian TO SOMEONE OTHER THAN MYSELF and I acknowledge the custodian, listed above as the person who has physical custody of the card. I understand the custodian's duties listed below. I will ensure that the Campus VISA Coordinator in Payables is notified in the event of any custodial changes.

### c. Financial Responsibility:

As the Department's Budget Authority, I will review the receipts, approve expenditures and personally sign the monthly US Bank statement.

## 2. CUSTODIAN RESPONSIBILITIES

### a. Designated Users:

As Custodian, I may authorize other designated OSU employees as users of the VISA card. Each designated OSU employee will read and sign the VISA Purchasing Card Designated User Agreement.

**b. Billing Disagreement or Adjustment:**

In the case of a billing dispute or adjustment that cannot be resolved with the vendor, the department will work directly with the bank online or by phone for resolution, within 60 days of the statement date. The bank will mail the necessary forms to the cardholder to file a written dispute.

**c. Credit Limit:**

Any charge made by the Bank for exceeding the limit will be charged to my department.

**d. Accountability and Procedures:**

I will protect and control the VISA Purchasing Card at all times. I will retain physical custody of the card and will ensure that it is kept in a secure location. The card custodian will maintain a log for check out and check in of the card by purchasing card users. I will not give the card number to anyone except authorized OSU employees who have signed the Designated User Agreement.

I may authorize other designated OSU employees within the department as users of the VISA card. Each employee must read and sign a VISA Purchasing Card User Agreement. User Agreements will be updated by the Department as users change, and copy forwarded to Business Affairs.

All Departmental and User Agreements will be updated annually in January and submitted to Business Affairs.

I will retain all backup documentation for the VISA Purchasing Card for 6 years and when the VISA Purchasing Card is used with a Grant I will retain the backup documentation for 3 years after the ending date of the Grant.

**e. Loss or Theft:**

If the card is lost or stolen I will immediately notify the Manager of OSU Payables by telephoning 541-737-0646, or the Program Representative at 541-737-0650 and US Bank at 1-800-344-5696 press "\*" to speak directly to a customer representative.

**f. Card Ownership:**

I understand that the VISA Purchasing Card belongs to the Bank and I will surrender it immediately when notified either by the Bank or the OSU Payables Manager.

**3. ACCOUNT MANAGERS RESPONSIBILITIES**

**a. Monthly Duties:**

Transactions may be reviewed as they occur on US Bank Online. Receipts are submitted and are reconciled to the monthly electronic online statement or the statement received by mail.

Maintain either a paper copy or electronic copy of the monthly statement. If the original receipts should be needed for audit purposes, Business Affairs will coordinate with auditors and obtain documents from the departments.

Distribute charges by Banner PCard Module (FAAINVT).

Submit to Business Affairs on a monthly basis a copy of the monthly bank statement that has been reconciled to the original receipts and signed by the Department Budget Authority.

THE PARTIES BY THEIR SIGNATURES BELOW, ACKNOWLEDGE HAVING READ THIS AGREEMENT, UNDERSTAND, AND AGREE TO BE BOUND BY ITS TERMS AND CONDITIONS. EACH WILL RETAIN A COPY FOR REFERENCE. SUBSEQUENT ADDENDA OR AMENDMENTS WILL BE IN WRITING SIGNED BY ALL PARTIES AND ATTACHED HERETO.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Custodian

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Account Manager

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Business Manager

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Budgetary Authority (Chair/Dean/Director)