



# UO Procurement Card Signature Authorization/Agreement

(Please send completed form to Purchasing and Contracting Services, Oregon Hall and retain a copy on file in department)

Department Name \_\_\_\_\_

Index \_\_\_\_\_

The signatures below indicate that I/we have read, understand and agree to abide by the terms and conditions of the UO Procurement Card Policy and Procedures and any subsequent amendments or addendum, and have access to a copy of the UO Procurement Card Policy and Procedures and training materials. *If you are a Custodian and plan to use the card for purchases, sign in BOTH the Card Custodian and Designated Card User sections.*

Please use a second copy of this form for more than fourteen Designated Card Users.

### Card Custodian

Printed Name	Signature	Date

### Designated Card Users

Printed Name	Signature	Date

### Unit Administrator

Printed Name	Signature	Date

### Procurement Card Program Administrator (Business Affairs Use Only)

Printed Name	Signature	Date