

Custodian: _____

Account Manager _____

Banner Log in: _____

Business Manager _____

Banner Log in: _____

Name as Embossed on Card _____

Purchasing Card Number _____

Primary Billing Index: _____

OREGON STATE UNIVERSITY
OREGON UNIVERSITY SYSTEM
VISA PURCHASING CARD DESIGNATED USER AGREEMENT

1. **DESIGNATED USER RESPONSIBILITIES**

BY SIGNING THIS AGREEMENT AS DESIGNATED USER, I agree to the terms and conditions below:

- a. **Authorized Purpose:** I agree to use the departmental VISA card only for purchases which further the business of the state, and in conformance with the rules regarding allowable expenditures. I have access to the Oregon State University VISA Purchasing Card Program Policies and Procedures.
<http://oregonstate.edu/fa/businessaffairs/accountspayable/purchasingcard.php>
- b. **Statutory Compliance:** I understand that making purchases with the VISA Purchasing Card obligates State funds. I recognize my responsibility to comply with ORS 293.295 in so obligating State funds, and to comply with ORS 244.040, the Code of Ethics for State Employees. When in doubt, I will ask myself the following question to help assure compliance:
 - i. Is this a legal obligation for the State to incur?
 - ii. Is this obligation a responsible and appropriate use of these funds for OSU, OUS, and the State as a whole?
 - iii. Have the goods been received by OSU and did we receive full value as requested?
 - iv. Are there adequate budget resources available to incur this obligation?
 - v. Will this obligation pass the public perception test, i.e., would I be comfortable if I saw this transaction written up on the front page of the newspaper?
 - vi. Am I willing to approve this obligation knowing I am fully responsible?
- c. **Penalties:** Any inappropriate purchases made by me becomes my personal liability for which I will make immediate and complete reimbursement, including any accrued interest, to OSU. By signing this agreement I authorize OSU to make such withholding automatically from any amount due me by OSU, subject to due process.

I recognize that inappropriate usage will also result in the revocation or suspension of the departmental VISA Purchasing Card.
- d. **Loss or Theft:** If the card is lost or stolen I will immediately notify the Manager of OSU Payables by telephoning 541-737- 4262. I understand that no consumer protection clause covers the loss or theft of this card and that my department will be responsible for all transactions until such time as a loss or theft is reported to OSU Payables.

THE PARTIES, BY THEIR SIGNATURES BELOW, ACKNOWLEDGE HAVING READ THIS AGREEMENT, UNDERSTAND IT, AND AGREE TO BE BOUND BY ITS TERMS AND CONDITIONS. EACH WILL RETAIN A COPY FOR REFERENCE.

Signature: _____ Date: _____
Custodian

Name as Embossed on Card: _____

Primary Billing Index: _____

DESIGNATED USERS

Signature: _____ Date: _____ Printed Name: _____

Signature: _____ Date: _____ Printed Name: _____

Signature: _____ Date: _____ Printed Name: _____

Signature: _____ Date: _____ Printed Name: _____

Signature: _____ Date: _____ Printed Name: _____

Signature: _____ Date: _____ Printed Name: _____

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