

SOUTHEASTERN LOUISIANA UNIVERSITY
PROCUREMENT CARD AND CBA PROGRAM
CARDHOLDER AGREEMENT FORM

As a cardholder of the State Liability LaCarte Purchasing Card and CBA Program for Southeastern Louisiana University, I am accepting responsibility for the assurance that all charges against the card were properly charged for legitimate State of Louisiana business needs as initialed and outlined in this agreement. I agree that I have read and completely understand each purchase is to be in accordance with all purchasing rules and regulations, statutes, executive orders and PPM49, if applicable, and all state and agency policies.

I further agree:

- As a cardholder, to accept responsibilities listed, obtain, understand and comply with all state and agency policy requirements, responsibilities and procedures, PPM49, all purchasing rules, regulations, statutes and executive orders in regards to the State Liability LaCarte Purchasing Card and CBA Program.
- As a cardholder, to ensure that every transaction complies, with the terms and conditions of this agreement, the State's Purchasing Card and CBA Policy, my agency policies, all purchasing rules, regulations, statutes and executive orders and State Liability Travel Card Policy and PPM49, if applicable.
- As a cardholder, to ensure that I received a copy of, or provided a link, for download, of all state and agency policies, rules, regulations and procedures applicable to the State Liability LaCarte Purchasing Card and CBA program and have read and understood all.
- As a cardholder, to sign the Cardholder Agreement Form, annually, acknowledging responsibilities associated with the State Liability P-Card Program. The documents will be given to agency program administrator and I will receive a copy for myself.
- As a cardholder, to obtain annual cardholder certification through the State's online certification training program with a passing grade of at least 90.
- As a cardholder, to secure all assigned Workday application User IDs and passwords. To never share User ID and passwords and/or leave work area while logged into the system or leave login information in an unsecure area.
- As a cardholder, to ensure that I will keep well informed of program updates from the agency program administrators or anyone associated with the State Liability LaCarte Purchasing Card Program.
- As a cardholder, I understand that a card will only remain active, if used in a 12 month period. I understand that if dormant for twelve months, justification and approval from the Office of State Travel would have to be given to continue to possess a card.

- As a cardholder, to ensure that all online accounts, such as Amazon, PayPal, EBay, etc, if necessary and allowed by my agency, has a standalone business account or registration and is not combined with any individual personal account. By doing this, it will allow the agency access to view the accounts online while verifying that all purchases were business related, email receipts were not altered and that all purchases are being delivered directly to the agency.
- As a cardholder, to immediately notify the agency's program administrator or approver upon separation, change in department/section or during extended leave, ensuring that proper procedures, as outlined in the agency policy, are being followed and card is returned to the program administrator to cancel and destroy.
- As a cardholder, to complete all necessary monthly requirements in accordance with my agency's internal policy if I am absent or on extended leave during a reconciliation process.
- As a cardholder, to complete exit procedures including providing and reviewing current transactions with my approver/supervisor and/or program administrator, verifying that all necessary supporting documents, receipts and required signatures has been provided.
- As a cardholder, to immediately notify Bank of America and the agency's program administrator if the card is lost, stolen or has fraudulent charges.
- As a cardholder, to monitor abuse whether intentional or non-intentional. I understand, depending on the findings, management, law enforcement, any appropriate personnel and the Office of State Travel will be notified, if applicable.
- As a cardholder, to immediately report any fraud or misuse, whether actual, suspected, or for personal non-business related purchases to the agency's program administrator as well as the head of the agency, and other personnel/agencies as required. I agree to any disciplinary actions, as outlined in my agency policy which may be deemed appropriate.
- As a cardholder, I acknowledge that any recognized or suspected misuse of the P-Card program may be anonymously reported to the State of Louisiana Inspector General's Fraud and Abuse Hotline at 1-866-801-2549 or for additional information I may visit <http://oig.louisiana.gov/index.cfm?md=pagebuilder&tmp=home&nid=3&pnid=0&pid=4&catid=0>
- As a cardholder, to ensure transactions do not include state sales tax, as transactions are state tax exempt. I fully understand I will be responsible for state, city and parish tax reimbursements which were charged on a tax exempt purchase.
- As a cardholder, to ensure that each transaction has an appropriate business purpose and need for state business purchase, that all approvals were obtained for the purchase, that each transaction has a receipt, appropriate supporting documentation and each transaction's supporting documentation is scanned into Workday and tied to each applicable transaction. In the event that a transaction is being investigated, I fully understand that I must explain and justify any transaction being questioned. Failure to do so should result in cancellation of P-Card.

- As a cardholder, to ensure that no transaction is a duplication of a personal request and/or reimbursements through the individual travel reimbursement process (travel expense form or travel system), and in accordance with PPM49, if applicable.
- As a cardholder, to ensure that every transaction has a receipt and receipt's date is verified, ensure amount is correct and within PPM49 allowance, if applicable and the receipt date is accurate and matches a legitimate business purchase and need and/or approved business trip allowance and dates. (travel authorization form or travel system), if applicable
- As a cardholder, to ensure transactions have been coded properly as outlined in the agency policy and procedures.
- As a cardholder, to ensure that my email address is my State of Louisiana business email address and that my name and my email address match in Workday.
- As a cardholder, to ensure that I am NEVER the final approver of my own monthly transactions.
- As a cardholder, that I may never use the State P-Card for personal or non-business purchases. P-Card is for state business use only.
- As a cardholder, that I may never loan the card to anyone for use.
- As a cardholder, to ensure that all required transaction documentation, (both paper and un-editable electronic format), special approvals, etc., is timely and in accordance with the agency's internal policy. Every transaction must have a receipt with a full description, not a generic description such as "general merchandise" or item should be fully documented/described elsewhere. (both paper and un-editable electronic format).
- As a cardholder, that I may not exceed \$5,000 per contract per day.
- As a cardholder, that I may never include full P-Card account number in emails, fax, reports, memos, etc.
- As a cardholder, that I may never attempt to access cash, as cash is not allowed through this program.
- As a cardholder, that I may never accept cash in lieu of a credit to the P-Card account.
- As a cardholder, that I may never place incidentals on State P-Card without Office of State Travel/agency prior approvals, if applicable.
- As a cardholder, that I may never purchase gift cards or gift certificates on the State P-Card.
- As a cardholder, that I must never use P-Card for alcohol, food or entertainment services without prior approval from Office of State Travel/agency.
- As a cardholder, that I must present a personal credit card when checking into a hotel to cover any incidentals.

- As a cardholder, that I should never use the P-Card for fuel or vehicle maintenance if the agency is part of the Fuel Card and Maintenance Contract. If I am in a geographical location where the contract is not covered, I may use P-Card to purchase gasoline, but only for a rental or state owned vehicle, never for a personal vehicle.
- As a cardholder, that I must never use the P-Card to avoid procurement or payment procedures.
- As a cardholder, that I have obtained agency program training.
- As a cardholder, that I must immediately notify Bank of America and the agency program administration if fraudulent charges are noticed on the State P-Card.
- As a cardholder, I should always notify my approver or the agency program administrator if higher or lower limits are necessary to perform duties.
- As a cardholder, I understand that failure to properly fulfill my responsibilities, or in the case of willful and negligent default of my obligations, as a P-Card cardholder, could result, at a minimum, in the following:
 - Written counseling which would be placed in my employee file for a minimum of 12 months.
 - Reimbursements to my agency and/or deduction for any unauthorized charges and allowance overages until all unauthorized charges are paid in full.
 - Any remedy for recovery of unpaid amounts, including referring of unpaid amounts to an attorney for collection.
 - Cancellation of P-Card. Once card is cancelled I will not be allowed to receive a new card for the state's program.
 - Consultation with agency program administrator, and possibly head of the agency and internal auditor section.
 - Disciplinary actions, up to and including termination of employment.
 - Legal actions, as allowed by the fullest extent of the law.

I have read and understand all my responsibilities above, along with all guidelines, policies and procedures, rules and regulations, PPM49, statutes and executive orders, if applicable, associated with the State Liability LaCarte Purchasing and CBA Program.

Cardholder Name (please print): _____

Cardholder Signature: _____

Date: _____

STATE OF LOUISIANA CARD PROGRAM- CARDHOLDER AGREEMENT FORM

The State of Louisiana ("State") and Southeastern Louisiana University (Agency name) are providing you with a Card from the State of Louisiana Card Program. The Card must only be used for State of Louisiana official business. All acceptable charges must be in accordance with current PPM49 allowances, Statewide Card Policy, Southeastern Louisiana University (Agency name) Policy, and all current purchasing rules and regulations, if applicable.

I _____ ("Cardholder") agree that upon receipt of the Card, I shall comply with the applicable rules and policies listed above, this Agreement, and any subsequent revisions to any of the foregoing.

Conditions for State of Louisiana Card Program

As the cardholder, I agree to accept responsibility for all charges against the card and the protection and proper use of the Card as outlined in this Agreement and all relevant rules and policies, which I have read and completely understand. I further agree to:

- (1) Never use the Card for the purpose of paying vendors for allowable purchases of goods and services which are not for official state business;
- (2) Never use the Card for personal purchases or personal travel;
- (3) Never use the Card for another's employee's travel expenses unless you are a CBA accountholder;
- (4) Always obtain and submit all receipts, invoices and other necessary documents for each transactions as well as verify the charges on the Card and to submit such charges for approval, dispute, credits, and/or fraud processing;
- (5) Always reconcile charges within the State/Southeastern Louisiana University (Agency name) prescribed timelines. I understand and agree that DOA/Southeastern Louisiana University (Agency name) will monitor the use of the Card and that I will be personally liable for any unauthorized use thereof.

Penalties for Misuse of State of Louisiana Card Program

I acknowledge and agree that I understand that in the case of my willful or negligent default of my obligations under this Agreement, the State/Southeastern Louisiana University (Agency name) has the following rights, to the extent authorized by law:

- (1) The State/DOA/Southeastern Louisiana University (Agency name) may pursue any remedy for the recovery of improperly charged amounts, including referral to the Office of Debt Recovery for collection;
- (2) The State/Southeastern Louisiana University (Agency name) may pursue any appropriate corrective action, including cancellation of card privileges, discipline up to dismissal, and criminal charges. Once privileges are revoked, for any reason, the cardholder will not be allowed to receive a new card unless prior approval is granted through the Office of State Travel.

Lost Card

If the Card is lost, stolen, or compromised in any manner, I shall immediately notify Southeastern Louisiana University (Agency name) Program Administrator and the issuing bank.

Return of Card

Upon notification of my transfer, change in duties, termination of employment, suspension, retirement, or cancellation of my Card privileges, I agree to notify Southeastern Louisiana University (Agency name) Program Administrator and to promptly return the Card to my Southeastern Louisiana University (Agency name) Program Administrator.

Cardholder

Personnel Number: _____

Signature: _____

Date: _____

Print Name: _____

Phone: _____

Section: _____

E-Mail: _____

Approving Authority

Signature: _____

Date: _____

Print Name: _____

Phone: _____

Section: _____

E-Mail: _____