

## Approver Agreement for Saint Louis University Grant Procurement Card

I, \_\_\_\_\_, hereby acknowledge that any American Express Grant Procurement Card (GP-Card) purchase I approve will adhere to all guidelines provided and mandated by the sponsors of the grant for allowable, allocable, reasonableness, and consistent treatment. Use of the GP-Card will be guided and informed by the applicable Office of Management and Budget (OMB) Circulars (i.e., A-21, A-110, A-133), specific agency guidelines, as well as, policies and procedures set by the University Administration and Office of Sponsored Programs.

In addition to all other University purchasing policies, I agree to the following conditions for participation in the Saint Louis University GP-Card Program:

1. As an approver only, I agree to enforce the University Purchasing Guidelines, GP-Card Policies and Procedures, as well as, Sponsored Programs Policies and Procedures for grant purchases to all faculty and staff of which I am the authorized approver.
2. Under no circumstances will I approve the utilization of the GP-Card for personal purchases. For any personal purchases made on the GP-card, I will notify the SLU Procurement Card Administrator (PCA) by telephone and email, as well as, noting the details of the situation in the manager comment section of the American Express Reconciliation tool before approving the charge.
3. I will review GP-Card transactions to ensure the PI, or delegate, have authorized the purchase.
4. I will review itemized merchant receipts and statements and verify the monthly charges are in accordance with Sponsored Programs' Cost Transfer Policy and Documentation Standards, and are allocated to the appropriate grant accounts for which I am responsible.
5. When necessary I will re-allocate in the American Express system the charges on the grant accounts I am responsible for by the monthly deadline provided to me by the PCA. I will ensure appropriate fund and account code usage for each purchase, and provide a brief description of the business purpose for each purchase.
6. I understand the charges on the GP-Card will be billed to the department fund and account number if I do not approve all charges by the monthly deadline provided to me by the University's Procurement Card Administrator (PCA).
7. Our department will maintain authorized confirmation to purchase from the PI or delegate, itemized receipts, and transaction summaries for 3 years after the end date of a federal grant or the requirements in the grant agreement
8. I understand that all activity on the GP-card will be subject to audits by Sponsored Programs.
9. I understand that transactions on the GP-Card that are not acceptable per OMB A-21 for costs to be charged to a grant, detailed in Sponsored Programs' Cost Transfer Policy, will be reallocated to the correct fund/account.
10. I will maintain all GP-card data with appropriate security. If I am made aware or have reason to believe that any GP-card data security has been breached or a card is lost, stolen or misplaced, I will immediately notify American Express and the SLU PCA by telephone and email. Failure to notify American Express and the SLU PCA of the breach, theft, loss, or misplacement of the GP-Card may make me and/or the card holder personally responsible for any fraudulent or unauthorized use.

I understand that unauthorized use of the GP-Card may result in the revocation of the department's privileges or other disciplinary action, up to and including termination.

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Procurement Card Account Number

\_\_\_\_\_  
Employee Title

\_\_\_\_\_  
Manager Name

\_\_\_\_\_  
Employee Department

\_\_\_\_\_  
Manager Signature

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date