

Saint Louis University Procurement Card Agreement

I, _____, hereby acknowledge receipt of an American Express Procurement Card and the associated responsibilities.

In addition to all other University policies, I agree to the following conditions for participation in the Saint Louis University Procurement Card (PC) Program:

1. I will use the P-Card only for actual and necessary business expenses, in accordance with the purchasing guidelines detailed in the Procurement Card Policy & Procedures Guide. Under no circumstances will I use or permit others to use the P-Card to make personal purchases.
2. I will maintain original merchant receipts and statements to reconcile and verify the monthly charges on the account.
3. I will review and approve the charges on my account by the monthly deadline provided to me by the Procurement Card Administrator (PCA).
4. I will maintain all P-Card and card number data with appropriate security. If I am made aware or have reason to believe that any P-card data security has been breached or the 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 Procurement Card may make me personally responsible for any fraudulent or unauthorized use.
5. I understand that activity on the P-card will be reported to the SLU PCA in accordance with University policies, who will audit the use of the card and report any discrepancies.
6. I understand that any attempts to use my P-card for unauthorized purchases, detailed in the Policy & Procedures, will be reported by American Express to the SLU PCA.
7. I understand the charges on the card will be billed to my department fund and account number unless I otherwise notify Financial Services/PCA.
8. I understand that unauthorized use of the P-Card may result in revocation of my use privileges or other disciplinary actions.
9. In addition to any other legal recourse, which SLU may have, I authorize SLU to deduct from my salary any personal charges prohibited in condition 1 above.
10. I agree to relinquish the P-Card immediately upon my retirement, termination of my employment, re-assignment or re-location, or upon the request of any authorized representative of Saint Louis University.

Employee Name

Manager Name

Employee Title

Manager Signature

Employee Department

Date

Employee Signature