



Statement of Authority

(Must be signed by employee and supervising administrator)

First Name _____ **MI** _____ **Last Name** _____ **Employee #** _____

Position _____ **Birth Date** _____

Location _____

Credit / Charge Limit: \$ _____ per month

Default Account Key and Object for majority of transactions (can be changed during reconciliation process): _____

Authorized Uses: _____

Hierarchy for Review Process

Reconciler: _____

Back-up Reconciler: _____

Approver (must be administrator): _____

Back-up Approver (must be admin): _____

It shall be the responsibility of the supervising administrator to monitor the use of p-Cards for unauthorized purchases as indicated above. Unauthorized purchases shall be addressed immediately with the employee and discussions henceforth should be documented appropriately.

Supervising Administrator Signature

_____ Date _____

It shall be the responsibility of the employee to make only those purchases authorized by the supervising administrator in accordance with the p-Card rules set forth by the p-Card administrator. Any unauthorized purchases are subject to card revocation and disciplinary action up to and including dismissal.

Employee Signature _____ Date _____

Controller Signature _____ Date _____