

APPROVER INFORMATION

Approver Name: _____
Job Title: _____ Email: _____
Department Name: _____ Work Phone: _____
Campus Location & Office # _____ Cost Center _____

APPROVER ACKNOWLEDGMENT
(Please check off each item to acknowledge)

- I understand my responsibilities as they relate to reviewing, approving, and processing the P-Card charges of the Cardholders to whom I am assigned.
- I have read and I understand the P-Card Program Policies and Procedures.
- I agree to review and process transactions within the required deadlines, and to ensure that all applicable back-up documentation, information, and signed receipts are maintained as required.
- I agree to not approve transactions that do not correspond with the P-Card Program Policies and Procedures and to notify the Procurement Services Department of these discrepancies or violations immediately.
- I understand that I cannot be an Approver to Cardholders to whom I directly or indirectly report.
- I understand that permitting the use of the P-Card in a manner that is in violation of the University's Policy may result in disciplinary action.

Approver Signature: _____ **Date:** _____

PROCUREMENT SERVICES

Training Completed: _____ **P-Card Administrator:** _____
Date *Signature*