FINANCIAL SERVICES
TEXAS WOMAN'S UNIVERSITY

Department PCard Authorized User Agreement
PCard Program

Important Information About This Agreement

This form does not need to be returned to Credit Card Services.

This form must be updated by the Authorized User on an annual basis.

Completed Authorized User Agreement Forms should be provided to the Primary Reconciler and kept in the department's files.

Authorized User Agreement Forms must be attached to the PCard Expense Report in Concur each statement that the Authorized User makes a purchase.

Department Heads may not sign their own Authorized User Agreement Forms and should submit to their supervisor for signature.

Agreement

Department PCard Name: _____

I hereby acknowledge permission to use the above Texas Woman's University Department PCard as an Authorized User. I acknowledge that I have read, understand, and agree to comply with the terms and conditions of this Agreement. I acknowledge that TWU is liable to U.S. Bank for all TWU charges and understand that TWU will audit the use of this card.

I agree to use this card for Texas Woman's University business purchases only and under no circumstances will I use the Department PCard to make personal or non-TWU purchases, either for myself or for others. I understand that making such purchases will result in card suspension or cancellation. I understand that I will not request or receive cash from suppliers for exchanges or returns.

I understand that all purchases must be made in accordance with the State of Texas and Federal applicable statutes and regulations, the State Comptroller's rules, and Texas Woman's University rules. I understand that purchases require sufficient documentation supporting the purchase. I understand that making non-compliant purchases may result in card suspension or cancellation.

I have reviewed the PCard Program policies, procedures, and guidelines and agree to follow the established policies and procedures when using the PCard. Failure to do so may result in revocation of my PCard privileges or other possible disciplinary actions. I understand that the PCard Program policies, procedures, and guidelines may be updated at any time, and I am responsible for staying informed of such updates.

I understand that the PCard is property of Texas Woman's University. I understand that Texas Woman's University may terminate my right to use the PCard at any time, for any reason.

Authorized User Acknowledgement

_____	_____
Authorized User Name	Authorized User Signature and Date

Department Approval

_____	_____
Department Head or Supervisor Name	Department Head or Supervisor Name Signature and Date