

Western Kentucky University Research Foundation Purchasing Card Records Keeper Agreement

As a Records Keeper of a Western Kentucky University Research Foundation Purchasing Card, I agree to the following terms and conditions:

1. I am responsible for ensuring my/my department's card and my/my department's card number is protected from theft or loss while it is in my possession. I will immediately notify the Purchasing Card Administrator and/or JP Morgan Chase of any loss or improper use of my/my department's card or card number.
2. I am responsible for obtaining, for audit purposes, all proper invoices/receipts or other documentation necessary to substantiate the propriety of each card transaction. I will retain all supporting documentation within my department, and understand that the documents must be accessible for review purposes.
3. I am responsible for reviewing my transactions daily/weekly in PaymentNet and allocating the expenses to the appropriate Banner index number and account code prior to the month-end billing cycle cutoff.
4. I am responsible for reconciling my monthly purchasing card statement and resolving any discrepancies by contacting the vendor or the bank within the timeframes noted in the Purchasing Card User's Guide.
5. I am responsible for submitting the paper copy of the monthly card statement to my Supervisor to approve and sign no later than the end of the following billing cycle. I will also sign the statement and retain the documentation for five (5) years.
6. I understand that all transaction documentation and reconciliation's will be subject to audit by the Department of Purchasing and/or Internal Audit.
7. I understand that the University may terminate my right to participate in the Purchasing Card program at any time for any reason. I will surrender the Purchasing Card to the University's Purchasing Card Administrator or my immediate supervisor upon demand or upon my separation of employment with the University.

Cardholder/User Signature

Printed Name

Date

Note to Manager: I certify that the person assigned the duties of Records Keeper will perform all responsibilities described in the agreement and in the Purchasing Card User's Guide. I understand that if these responsibilities are not met that I/my department may lose authorization to participate in the card program. It is also my responsibility to verify the charges and to verify that the monthly reconciliation process has been completed by signing the paper copy of the card's statement.

Manager Signature

Printed Name

Date