

**BOISE STATE UNIVERSITY
P-CARD RECONCILER AGREEMENT**

Use this form to designate a Works P-Card Reconciler for one or more p-card accounts.

Department Or Business Unit Name:		Date:
Reconciler Name:		Email:
Is this reconciler replacing an existing reconciler? No Yes:		
Please list cardholders assigned to this reconciler below. You can indicate Works group name or include a list if necessary.		
Works p-card reconciler is responsible for allocating expense in Works on behalf of cardholder(s) by the required due date. Reconciler may complete Works sign off of cardholder transactions if directed to do so by department. Please note: Cardholder must provide receipts and other required documentation, and must review and sign their printed Cardholder Statement by the required due date.		
<i>I understand my role as a Reconciler. I have or plan on attending an upcoming p-card workshop:</i>		
<i>Reconciler Signature:</i>		
<i>I have assigned the above staff member P-Card Reconciler duties.</i>		
<i>Signature:</i>		
Name:	Title	

Forward completed form to Pcard@boisestate.edu

Original form is retained by Department

Completed by

Date:

Notes: