

**P-Card Approver Agreement
Boise State University**

The approver is responsible for reviewing and editing cardholder transactions online via Works for posting of p-card expense to university financial records. The approver is responsible for reporting any non-compliance issues discovered during approval process. The approver is required to complete the online approval by the university due date.

Date: _____ Department / Business Unit: _____

Approver Name _____ Email _____@boisestate.edu

Please provide name(s) of cardholder(s) you are responsible for reviewing each month (attach a list if necessary):

CARDHOLDER NAME(S)		
1	5	9
2	6	10
3	7	11

The department p-card approver reviews p-cardholder transactions online via Bank of America's Works application to ensure financial data has been entered correctly (Dept ID, GL Account Code, Project ID, Chartfield Code, business purpose) for upload to university financial reports. To fully understand your role as an approver:

1. Please review p-card references and training materials available online @ <http://vpfa.boisestate.edu/pcard/>
2. Register for an upcoming Approver Role Review session <http://hrs.boisestate.edu/workshops/fiscal-procedures-and-management/> (1- hour training session held twice each semester)

Other approver duties include:

- Assisting cardholders with reconciliation, new card requests, and account maintenance of existing accounts.
- Maintaining p-card documentation for a minimum of 5 years (including original receipts, statements, and required documentation).
- Serving as the point of contact for auditors requesting department p-card documentation.

I Agree To Comply With The Terms of This Agreement:

Approver Signature

Date

DEAN, DIRECTOR, DEPT HEAD, OR BUSINESS MANAGER MUST AUTHORIZE APPOINTMENT OF APPROVER-

I have assigned the above staff member department p-card approver duties for my area. I understand however, that I am ultimately responsible for authorizing all p-card expense made by staff in my organization.

Manager Signature

Please Print Name

Title

FAX FORM TO EXT 6-1152 (426-1152) OR SCAN/EMAIL TO APOLLWO@BOISESTATE.EDU -ORIGINAL FORM IS RETAINED BY DEPARTMENT

Purchasing Use only:
Approver set up date: _____