

# Agency Enrollment Application ~ State of Iowa Purchasing Card (Pcard) Program

Department/Agency: \_\_\_\_\_ Card Program:  Pcard and/or  Travel Card

Address Line: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

For our records, an **Agency Pcard Coordinator, Financial Manager, and Accounts Payable contact** must be designated below. Descriptions of roles and responsibilities for these and other roles (Approver, Supervisor, Cardholder) can be found at <https://das.iowa.gov/procurement/agencies/state-iowa-purchasing-card-program>.

*Please note: for Segregation of Duties, Agency Pcard Coordinators who submit Cardholder applications and collect documentation for payment should not serve as level 2 pre-auditors. Separating these functions provides an extra level of control for Pcard purchases. If an Approver is also a Cardholder, his/her Approver must be at least once functional job level higher.*

Please indicate below whether your Agency has, or will have, internal procedures in addition to the State Pcard and Travel Card policies and procedures. If so, please submit a copy at the time of enrollment or once the Agency policies are finalized. In the event of a conflict between DAS and internal Agency policies, DAS policies will take precedence.

\_\_\_\_ Internal Agency Pcard Procedures attached. \_\_\_\_ Internal Agency Pcard Procedures pending. \_\_\_\_ No Internal Agency Pcard procedures.

By signing below, the designated parties acknowledge their roles and responsibilities in the State of Iowa Pcard Program and agree to adhere to the Program's rules, responsibilities, policies, and procedures contained in the **State of Iowa Purchasing Card Policy and Procedures Manual**, as well as any internal Agency Pcard/Travel Card policies, procedures, or requirements.

*Usage violations or failure to follow State policies may result in administrative action, such as card suspension or revocation, or disciplinary action, up to and including termination.*

In the event any of the contacts designated below change, please notify State Pcard Program management ([Pcard@iowa.gov](mailto:Pcard@iowa.gov)).

## **Agency Pcard Coordinator**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## **Financial Manager**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## **Accounts Payable Representative**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## **Department Director or Designee**

By signing below, I authorize our organization's participation in the State of Iowa Pcard Program and designated contacts listed.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**All signatures required. Agency Pcard Coordinators: Please send completed forms to [Pcard@iowa.gov](mailto:Pcard@iowa.gov) Keep one copy for your records.**

