



Department of Administrative Services

State of Iowa Purchasing Card (Pcard) Program ~ Biennial Agency Verification

Department/Agency Name and #: _____ ☐ PCard and/or ☐ Travel Card

Address: _____ City: _____ State: _____ Zip Code: _____

Participation in the State of Iowa Purchasing Card Program includes many responsibilities to help ensure the security and success of the program.

For biennial verification purposes, please identify designated Agency PCard contacts 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.

By signing below, the designated parties acknowledge their roles and responsibilities in the State of Iowa Purchasing Card 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 policies, procedures, or requirements. In the event of a conflict between DAS and internal Agency policies, DAS policies will take precedence.

Usage violations or failure to follow State or internal Agency PCard policies may result in administrative action, which may include card suspension/revocation, civil legal action to reimburse the State for unauthorized purchases, or disciplinary action, up to and including termination.

Agency PCard Coordinator

Print Name: _____ Email: _____ Date: _____

Signature: _____ Phone: _____

Financial Manager

Print Name: _____ Email: _____ Date: _____

Signature: _____ Phone: _____

Accounts Payable Representative

Print Name: _____ Email: _____ Date: _____

Signature: _____ Phone: _____

In the event that any of the designated contacts change, please notify State PCard Program management (Pcard@das.iowa.gov).

Agency Internal Policies and Procedures

Please indicate below whether your Agency has, or will have, internal PCard policies and procedures in addition to State PCard policy and procedures. If so, please submit a copy with this verification, or once the Agency procedures 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.

Thank you – your cooperation is greatly appreciated.

All signatures required. Agency PCard Coordinators: Please send completed forms to Pcard@das.iowa.gov. Keep one copy for your records.