

Cardholder Agreement ~ State of Iowa Purchasing Card (Pcard) Program

Cardholder Name: _____ Department: _____

Participation in the State of Iowa Pcard Program includes many responsibilities to help ensure the security and success of the program. Your signature below represents you understand your role, and agree to comply with the responsibilities, terms, conditions, policies, and procedures set forth in the **State of Iowa Purchasing Card Policy and Procedures Manual**, and any internal policies and procedures required by your employing Agency.

1. Pcards are issued in the employee's name but are the property of the State of Iowa. I understand the State of Iowa is liable to the card provider for all State of Iowa charges made to the card, and that I, as the Cardholder, am accountable to the State of Iowa.
2. As the Cardholder, I am the only person authorized to use the card for approved State of Iowa business purposes; personal purchases are strictly prohibited.
3. I will complete any required training prior to Pcard issuance and at any time as required by my Agency or State Pcard policy.
4. I am responsible for the protection and proper use of this Pcard as described in the State of Iowa Purchasing Card Policy and Procedures Manual.
5. The State of Iowa reserves the right to amend, change or revise Pcard terms, conditions, policies, and procedures; this Pcard shall be subject to such changes regardless of the date of issuance.
6. My Pcard may be hibernated or canceled by Pcard Program management due to insufficient usage, and the State of Iowa may terminate my right to use this Pcard at any time for any reason.
7. I am required to immediately report a lost, stolen or compromised Pcard and return the card to the State of Iowa upon request or termination of employment.
8. I understand that any intentional misuse or unauthorized use of the Pcard assigned to me or failure to follow State policies specified in the State of Iowa Purchasing Card Policy and Procedures Manual may result in administrative action which may include:
 - Card suspension/revocation
 - Civil legal action to reimburse the State for unauthorized purchases
 - Disciplinary action, up to and including termination

Cardholder

Signature: _____ Date: _____

Print Name: _____ Phone: _____

Supervisor

Signature: _____ Date: _____

Print Name: _____ Phone: _____

Agency Pcard Coordinator

Signature: _____ Date: _____

Print Name: _____ Phone: _____

All signatures required. Agency Pcard Coordinators: Please send completed forms to Pcard@iowa.gov (or fax to 515-725-0062). Keep one copy for your records.

For State Pcard Use

Card #: _____ Issue Date: _____

