

Cardholder Agreement ~ State of Iowa Travel Card

Cardholder Name: _____ Department: _____

Participation in the State of Iowa Purchasing Card (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, Procedure No. 210.101 of the Iowa Department of Administrative Services (DAS) State Accounting Enterprise (SAE) Policies and Procedures Manual**, and any policies and procedures required by your employing Agency.

1. Travel Cards 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 travel expenses per DAS-SAE Procedure 210.101; personal purchases are strictly prohibited.
3. I will complete any required training prior to card issuance and at any time as required by my Agency, State Pcard or SAE travel policy.
4. I am responsible for the protection and proper use of this card 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 such terms, conditions, policies, and procedures. This Travel Card shall be subject to such changes regardless of the date of issuance.
6. My Travel Card 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 Travel Card at any time for any reason.
7. I am required to immediately report a lost, stolen or compromised Travel Card and return the card to the State of Iowa upon request or termination of employment.
8. I agree that all travel claims, original receipts and documentation associated with my Travel Card shall be submitted within thirty (30) days of completed travel. If a final claim is not submitted, it is assumed the entire amount is owed to the State of Iowa.
9. I understand that any intentional misuse or unauthorized use of the Travel Card 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:
 - o Card suspension/revocation
 - o Civil legal action to reimburse the State for unauthorized purchases
 - o 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

Travel Card #: _____ Issue Date: _____

