



University of Rhode Island
Department Administrator Agreement

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Carlotti Administration Bldg.
75 Lower College Road, Room 103
Kingston, RI 02881-1966

Dept. Administrator Name (Print): Department:

The Purchase Card delegates both authority and responsibility for small dollar purchases to employees in your department. While it is the respective Dean, Director, or Department Head, as applicable, who has the overall responsibility for ensuring that the public is best served, the designated Department Administrator is the person who monitors the daily operation of the Purchase Card in each Department. This Agreement lists your primary responsibilities as it applies to the Purchase Card.

Dept. Administrator Initials (Required)

- 1. To ensure a system is established and implemented that promotes compliance within the University's policies and procedures governing the use and security of the Purchase Card.
2. To monitor Purchase Card activity for unusual transactions or unusual patterns of use, discussing any transactions which appear to be out of line with policies and procedures with the Cardholder for clarification.
3. To obtain and review monthly Cardholder package to ensure package is complete.
4. To access PeopleSoft to approve authorized purchases and ensure each transaction is charged to the proper chartfield.
5. To compile reconciliation package for all department Cardholders and forward to Purchase Card Administrator no later than 5 business days after statement becomes available in PeopleSoft.
6. To immediately report loss, theft, or fraudulent use to JPMorganChase and the Purchase Card Administrator.
7. To notify Purchase Card Administrator and the Office of Human Resources of any Cardholder changes in employment status, including transfer or termination.
8. My signature below indicates that I have read this agreement, understand it and agree to be bound by it, for as long as I am a Department Administrator at the University.

CARDHOLDER NAME:

DEPARTMENT ADMINISTRATOR

DEAN, DIRECTOR, OR DEPT. HEAD, AS APPLICABLE

Print Name
Employee ID#:

Print Name

Signature

Signature

Date

Date

To be completed by the Office of the Controller:

Office of the Controller (Signature) Date