

# Western Kentucky University Procurement Card Records Keeper Agreement

As a Records Keeper of a Western Kentucky University Procurement Card, I agree to the following terms and conditions:

1. I am responsible for ensuring that my card and account number, or the department card and account number, are protected from theft or loss. I will immediately notify the Procurement Card Office and/or JP Morgan Chase of any loss or improper use of my card or account number, or the department card or account number.
2. I am responsible for obtaining, for audit purposes, all proper invoices/receipts or other documentation necessary to substantiate the propriety of each card transaction. I will retain all supporting documentation within my department, and understand that the documents must be accessible for review purposes.
3. I am responsible for reviewing my transactions daily/weekly in PaymentNet and allocating the expenses to the appropriate Banner index number and account code prior to the month-end billing cycle cutoff.
4. I am responsible for reconciling my monthly purchasing card statement and resolving any discrepancies by contacting the vendor or the bank within the timeframes noted in the Procurement Card Policy and Procurement Card Guidelines and Procedures.
5. I am responsible for submitting the paper copy of the monthly card statement to my Supervisor to approve and sign no later than the end of the following billing cycle. I will also sign the statement and retain the documentation for five (5) years.
6. I understand that all transaction documentation and reconciliation's will be subject to audit by the Procurement Card Office and/or Internal Audit.
7. I understand that the University may terminate my right to participate in the Procurement Card program at any time for any reason. I will surrender the Procurement Card to the University's Procurement Card Office or my immediate supervisor upon demand or upon my separation of employment with the University.

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**Records Keeper Signature**

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**Printed Name**

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**Date**

***Manager's approval denotes the following: I certify that the person assigned the duties of Records Keeper will perform all responsibilities described in the agreement and in the Procurement Card Policy and Procurement Card Guidelines and Procedures. I understand that if these responsibilities are not met that I/my department may lose authorization to participate in the card program. It is also my responsibility to verify the charges and to verify that the monthly reconciliation process has been completed by signing the paper copy of the card's statement.***

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**Manager Signature**

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**Printed Name**

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**Date**