

Weber State University PCard Reconciler Agreement

This Agreement outlines the terms and conditions for PCard Reconcilers at Weber State University ("University"). This represents the University's trust in you to protect its assets through supporting proper PCard use. Please refer to University PPM 5-25i for definitions of key terms in this Agreement.

I confirm that I have completed PCard training and have reviewed PPM 5-25i and the PCard User's Guide ("Guide"). I acknowledge, understand, and agree that I will be responsible for the following:

1. Knowing and understanding policies and guidelines that apply to the PCard and PCard Travel including the Guide and its updates.
2. Maintaining the following documentation for six (6) years in a manner that allows for efficient retrieval for auditing purposes: logs and receipts; expense receipts; monthly Cardholder statements that have been approved, verified or signed by the Cardholder and the Responsible Person.
3. Reviewing all transactions for completeness, accuracy, adherence to University policy and assisting with reallocation of charges to proper accounting codes as necessary.
4. Following up with Cardholder when an expense report is not submitted on time or not properly completed. If Cardholder still fails to properly complete the expense report, the Reconciler must inform the Responsible Person.
5. A Reconciler may review more than one Cardholder's account at the discretion of the Responsible Person. A Cardholder cannot be his/her own Reconciler and a Reconciler may not also be the Responsible Person for the same Cardholder.
6. Notifying the Purchasing Director or Program Coordinator promptly of any suspected Serious Pcard Misuse or of any undue influence placed upon me as Reconciler.
7. Submitting the appropriate Request via Concur when changes occur (such as Reconciler change, Cardholder's name, default account number, name of the Reconciler, etc.).

MY SIGNATURE BELOW INDICATES I HAVE READ AND UNDERSTAND THE TERMS AND CONDITIONS OF THIS AGREEMENT FOR MY ROLE AS A RECONCILER, AND I AGREE TO COMPLY WITH ALL CONDITIONS IN THIS AGREEMENT. FURTHERMORE, I UNDERSTAND THAT FAILURE TO COMPLY WITH ALL CONDITIONS IN THIS AGREEMENT MAY RESULT IN DISCIPLINARY ACTION, UP TO AND INCLUDING TERMINATION OF EMPLOYEMENT.

Signature of Reconciler: _____ Date: _____

Print Name: _____

Department: _____