

Card Type: **Individual** **Organization**

ORGANIZATION NAME _____ **ORGANIZATION NUMBER** _____

RESPONSIBLE CARDHOLDER INFORMATION

FIRST NAME: _____ **LAST NAME:** _____
EMPLOYEE ID: _____ **BLAZER ID:** _____ **CAMPUS PHONE:** _____
EMAIL ADDRESS: _____ **CAMPUS MAILING ADDRESS:** _____

Card Management Software (CMS) Proxy* (responsibility defined in table)

First Name	Last Name	Blazer ID	Employee ID	Monthly Statement**

*Minimum of one required **Indicate Y or N for monthly statement delivery – default is Y

Card Management Software (CMS) Approver (responsibility defined in table)

Monthly Statement**

P-Card transaction approvers are maintained using the Workflow Approval Maintenance (WAM) form. The WAM paths are established and maintained by the Workflow Officer (WFO) for each organization.
 The WAM for P-Card transaction approval is located under the document type, **System**. The WAM path name is **PCARD-INTERSECT**.

**Indicate Y or N for monthly statement delivery – default is Y

Responsible Cardholder Name (Print) **Responsible Cardholder Signature** **Date**

VP/Dean/Designee (as identified on the WAM path, **PCARD-AUTHORIZE**) **Date**

Type*	Role	CMS Login Required
User (Organization Card)	Responsible for securing all required supporting documentation	No
Cardholder (Individual Card)	May manage card transactions as identified in the Proxy role	Yes
Proxy <i>(Proxy role is not required for cardholders that will be managing their own transactions in the CMS.)</i>	Responsible for card transaction management: Receipt upload Expense allocation Business purpose Submit transaction for organization approval	Yes
Approver (Organization)	Review transaction for approval	Yes
Approver (Central)	Review transaction for approval	Yes

*Individual cardholder or proxy may not be an approver. Each transaction requires two distinct organization signatures.

I AGREE TO THE FOLLOWING REGARDING THE USE OF THE UAB P-CARD ASSIGNED TO ME FOR OFFICIAL UNIVERSITY BUSINESS ONLY:

- 1) I understand that I am being entrusted with a powerful tool and will be making financial commitments on behalf of UAB.
- 2) I understand that under no circumstances will I use the P-Card to make personal purchases. Using the P-Card for personal gain or unauthorized use may result in disciplinary actions up to and including termination of employment and prosecution to the extent permitted by law.
- 3) I understand that the P-Card may not be used for animal purchases or substances classified as controlled, hazardous or radioactive.
- 4) I agree to maintain all applicable information and receipts.
- 5) I understand and agree to the internal controls required by my organization. (*Individual Card*)
- 6) I understand and agree the internal controls I develop and maintain will prevent any one person from using, allocating and approving a single transaction. (*Organization Card*)
- 7) I agree to keep the P-Card in a secure location at all times, including any documentation (paper or electronic) that may contain the full 16-digit card number, expiration date and/ or CVV code. **NOTE: The CVV code may NOT be stored per PCI DSS Requirement 3.2.**
- 8) I will not store P-Card information on any device (e.g. Android Pay, Apple Pay, Google Wallet, etc.) and will not transmit full card information using email or text.
- 9) I will immediately report any compromised P-Card (e.g. lost, stolen, suspected fraud, etc.) to the card issuer and UAB P-Card Services.
- 10) I will follow the State of Alabama Bid Law, UAB's Expenditure Guidelines and, where applicable, existing UAB contract vendor agreements understanding that failure to do so may result in revocation of card privileges or other disciplinary action.

I attest that should I violate the terms of the agreement, I will be subject to disciplinary action up to and including termination of employment and that restitution must be made from non-UAB funds or through payroll deduction.

Responsible Cardholder Name (Print)

Responsible Cardholder Signature

Date