

## Purchasing Card (P-Card) Agreement UAB Organization Card User

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 to and including termination of emplor funds or through payroll deduction.		• •
Organization Card User Name (Print)	Organization Card User Signature	Date



ORGANIZATION NAME	ORG	ANIZATION NUMBER	Card Number (Last 4)	
NAME	VENDOR		DATE OUT	RECEIPT
SIGNATURE	GL/GA ACCOUNT	BUSINESS PURPOSE	DATE IN	RECEIVED
				1
1				
2				
3				_
4				
4		_		
5				
				1
6				
				_
7				
				_
8				
9				
10				
11				
12				