



Purchasing (Pcard) Cardholder Acknowledgement

This document outlines the responsibilities I have as a cardholder of the Scotia Bank Visa Purchasing Card program at the University of Western Ontario. My signature indicates that I have read and understood these responsibilities and agree to adhere to the policies and procedures established for the program.

1. The Purchasing Card is intended to facilitate the purchase of goods and services required to conduct University of Western business. I understand that I am responsible for the custody, control and use of the Visa PCard issued in my name.
2. I understand that I am responsible for ensuring that the funds are available to meet the terms of payment of the monthly statements and for ensuring that transactions will be cleared prior to the yearend or grant closure.
3. I understand that the card is not to be for personal use and that unauthorized use of the card can be considered misappropriation of funds which will result in severe consequences.
4. I understand that the card must be surrendered upon transferring to another department or termination of employment. I may be requested to surrender the card for reasons not related to my own personal situation, such as re-organization. I may also be asked to temporarily return the card when I am on an extended leave of absence.
5. If intended use is for Research please ensure expenditure is eligible as per the funding agency guidelines. I understand that I will be personally responsible for any expenditure deemed ineligible.
6. I will maintain the card with appropriate security whenever and where I may use the card. If the card is lost or stolen, I agree to notify Scotia Bank and the Central Program Administrator immediately. I further understand that failure to report a stolen/lost card promptly could result in my being responsible for the first \$50 of fraudulent charges.
7. I understand that I will receive a monthly statement via email that will report all activity during the last cycle. I understand that I will be required to obtain a copy of the cash register receipt or packing slip and reconcile them with the monthly statement and retain all such documentation for 7 years. I will resolve any discrepancies by either contacting the supplier, Scotia Bank, or the Central Program Administrator as appropriate.
8. I understand that all charges will be billed directly to and paid directly by the University and that ScotiaBank cannot accept payment from me directly.
9. I understand that I may be periodically asked to produce the Purchasing Card records for audit purposes and have read the Purchasing Card Guidelines.
10. I understand it is my responsibility to ensure all transactions are reconciled and approved within the CentreSuite system by the monthly deadlines. Failure to do so could result in the loss of card privileges.

Cardholder Name: _____

Department: _____

Cardholder Signature: _____

Date: _____