



Office Use Only:

Contract# \_\_\_\_\_

Card# \_\_\_\_\_

Custodian: \_\_\_\_\_

Expiration Date \_\_\_\_\_

Credit Limit \$ \_\_\_\_\_

**OREGON STATE SYSTEM OF HIGHER EDUCATION  
VISA CARD APPLICATION AND AGREEMENT:  
FOR ISSUE TO DEPARTMENTAL CARD CUSTODIAN  
AND DESIGNATED USERS**

1. **BY SIGNING THIS AGREEMENT AS CARD CUSTODIAN, I APPLY** for a State of Oregon VISA card and agree to abide by all the guidelines specified below, and with applicable Executive Department and University policies and procedures.

2. Department \_\_\_\_\_

Account Index Number to be Charged  
for Purchases Made on this VISA Card \_\_\_\_\_

3. **CUSTODIAN RESPONSIBILITIES:**

a) Designated Users: As Custodian, I may authorize other designated employees as users of this VISA card. Designated users will be kept to the minimum level necessary for departmental business purposes. Each designated employee will co-sign this agreement as evidence of reading, understanding and agreeing to be bound by these provisions. All charges will default to the index designated in Paragraph 2. above. Re-allocation of charges to other indexes and accounts should be made by a journal voucher.

b) Record Keeping and Payment Procedure: All VISA statements for the University will be paid from a single master statement by the Accounts Payable Department within 25 days of the Bank billing date. An individual statement for the card entrusted to me will be sent to me monthly for reconciliation with support documents and departmental record keeping. These records and documents are subject to periodic audit by the Business Office and OSSHE Internal Audit Division. The record retention schedule for these documents is seven years.

I) Monthly Statement Packet: I will keep all required support documents for all purchases made on the VISA card. This includes and charge slips, merchant receipts, photocopies of mail order and telephone order forms, and packing slips. Once each

month, when charges Activity Log and the applicable support the statement, route to indicating approval. This creates original charge slip is lost, I statement, attach a statement purchased, and retain the statement. I understand that a documents may result in the loss individual or the department.

my statement arrives, I will reconcile and verify all against the Procurement Card Sign-Out and month's support documents. I will attach documents to the statement, sign and date supervisor for review and initials, the Monthly Statement Packet. If an will circle the charge on the VISA from the user identifying what was additional support with the approved pattern of missing original charge of VISA card privileges for the

II) At Fiscal Year-End - June 30: At year-end I will batch the fiscal year's Monthly Statement Packets for storage and forward them to accounts payable. These must be retrievable for a period of seven years.

c) Billing Disagreement or Adjustment: In the case of a billing disagreement or adjustment, I am responsible to initiate and complete necessary action. I will work directly with the Bank and/or the merchant/vendor to resolve disagreements and make any needed adjustments. In the case of billing disagreements, payments to the Bank will not be delayed. If a credit is due, I will instruct the merchant to issue a VISA credit memo. I will not request or accept cash back from the merchant/vendor when an item is returned or a credit is due.

Adjustments for transaction code or account number will be processed by journal voucher.

4) **USER RESPONSIBILITIES**

**BY SIGNING THIS AGREEMENT AS DESIGNATED USER,** I, the card Custodian, and we, the authorized users, hereinafter called "I," agree to the terms and conditions below:

a). Authorized Purposes: I agree to use the card only for authorized purposes of the State of Oregon and Eastern Oregon University. Authorized purposes are defined as purchases which further the business of the state. For purposes of this paragraph, a purchase will further the business of the state only when the purchase:

I) Is authorized by statute and by Executive Department rule or policy or agency rule or procedure;

II) Will promote or support the lawful operation of Eastern Oregon University; and

III) May be paid by public funds that are currently available to the University and, by extension, to my department, by appropriation, expenditure limitation or other authority (and, where applicable, by Executive Department allotment) for the purpose of the purchase.

b) Exclusions: I will not use the VISA card for the following: travel purposes including, but not limited to the purchase of gasoline, or meals; vehicle repairs; capital outlay expenditures, i.e., equipment purchases; cash advances; personal purposes that benefit me or another person individually rather than facilitate the discharge of the official functions or duties of my department or myself; or for any purposes that does not further the business of the state as defined in Paragraph 4.a. above.

c) Accountability and Procedures: I will protect the VISA card at all times. I will not give the credit card number to anyone except authorized University personnel or over the phone when making an authorized purchase. The VISA card may be physically checked out for local use only. The VISA card must be physically secured at its assigned location each night. All purchases I make will be within the established credit limit. I understand that all charges associated with this card will be paid from my department's approved budget. Upon completing an authorized purchase I will return the VISA card and all charge slips, merchant receipts, photocopies of mail order and telephone order forms, and packing slips to the Card Custodian.

d) Loss or Theft: If the card is lost or stolen, I will immediately notify the Bank by telephoning 1-800-344-5696 (or the number appearing on the back of the card). I will also notify the Card Custodian. I understand that no consumer protection clause covers the loss or theft of this card and that I will continue to be responsible for all transactions until such time as a loss or theft is reported to the Bank by phone or in person.

and  
against

e) Card Ownership: I understand that the VISA card belongs to the Bank I will surrender it immediately when asked. The Approving Officer will make a reasonable attempt to recover the VISA card from me if I am an unauthorized or terminated employee. I am responsible for any costs in that effort and agree to pay them from any funds owed me by the State of Oregon, subject to due process. The Approving Officer may assist in efforts to prevent any unauthorized card use and in any legal action me.

Purchases.  
immediate  
VISA card

f) Guidelines and Penalties: I acknowledge that I have read this agreement and have access to all associated policies and guidelines including the Executive Department Accounting Division's Oregon Accounting Manual Internal Controls sections on Approving and Paying Claims: (a) Accountability for State Expenditures and (b) Credit Card  
Any violation of these guidelines will be grounds for my surrender of the VISA card and permanent loss of my purchasing privileges. Violations may also be

grounds for personal dismissal; and criminal

liability; disciplinary action, up to and including sanctions.

Any inappropriate or personal purchases become my personal liability for which I will make immediate and complete reimbursement, including any accrued interest, to the University. Amounts not properly reimbursed by me can be withheld, in total, from my next paycheck. I agree that my acceptance of the VISA card authorizes the State to make such withholding automatically from any amount due me by State, subject to due process. Again, I understand that personal purchases are a violation of guidelines.

g) Credit Limit: I am responsible to see that total charges made on the VISA card do not exceed the defined credit limit. Any charge made by the Bank for exceeding the limit will be charged to my department and may be charged to me personally. A pattern of credit limit abuse will be cause for loss of my VISA card privileges.

h) Statutory Compliance: I understand that making purchases with the VISA card obligates State funds. I recognize my responsibility to comply with ORS 293.295 in so obligating State funds, and to comply with ORS 244.040, the Code of Ethics for State Employees. When in doubt, the following questions may help assure compliance:

- I) **Is this a legal obligation for the State to incur?**
- II) **Is this obligation a responsible and appropriate use of these funds for the University and for the State as a whole?**
- III) **Have the goods or services been received by the University and did we receive full value as requested?**
- IV) **Are there adequate budget resources available now to allow use to incur this obligation?**
- V) **Will this obligation pass the public perception test, i.e., would I be comfortable if I saw this transaction written up on the front page of the newspaper?**
- VI) **Am I willing to approve this obligation knowing that I am fully responsible?**

If I cannot answer each of the above questions in the affirmative, I may consult with the Business Office, or forgo the transaction.



**The parties, by their signatures below, acknowledge having read this agreement and the EOU Procurement Card Policy and Procedures, understand them, and agree to be bound by their terms and conditions. Each has attended a training session provided by the Procurement Card Program Administrator. A copy of this agreement will be kept with the Procurement Card.**

**Name as Embossed on Card:** \_\_\_\_\_

**Primary Billing Index:** \_\_\_\_\_

**CUSTODIAN**

\_\_\_\_\_  
(Signature) (Printed Name) (Date)

**DESIGNATED USERS**

\_\_\_\_\_  
(Signature) (Printed Name) (Date)

\_\_\_\_\_  
(Signature) (Printed Name) (Date)

\_\_\_\_\_  
(Signature) (Printed Name) (Date)

\_\_\_\_\_  
(Signature) (Printed Name) (Date)

\_\_\_\_\_  
(Signature) (Printed Name) (Date)

\_\_\_\_\_  
(Signature) (Printed Name) (Date)

**APPROVALS**

Unit Administrator: \_\_\_\_\_  
(Signature) (Date)

Program Administrator: \_\_\_\_\_  
(Signature) (Date)

(visa)