

# PROCUREMENT CREDIT CARD APPROVING OFFICIAL FORM

**Pikes Peak State College (PPSC)** is pleased to authorize you to act as an Approving Official under the Pikes Peak State College Procurement Card Program. This appointment represents PPSC’s trust in you as a responsible employee to monitor the use of the Procurement Card.

I, \_\_\_\_\_, hereby acknowledge my appointment as an Approving Official for the PPSC Procurement Card Program. As an Approving Official, I acknowledge completion of Procurement Card training and receipt of PPSC’s Procurement Card Manual. I have read and understand the Manual. I agree to fulfill the responsibilities outlined in this Agreement and the Manual and subsequent revisions.

As an Approving Official, I understand that I am an internal control point for the Program by ensuring that Cardholders comply with state Procurement, Personnel and Fiscal Rules, Colorado Community College System’s Fiscal Rules, and the provisions of the PPSC Procurement Card Program. I will review all transactions made by each of my Cardholders, ensure original documentation is matched to Cardholder statements, take appropriate action should violations occur, and approve via signature and forward all transaction statements and supporting documentation to the PPSC Procurement Card Administrator.

I understand that Colorado Community College System and PPSC are liable to US Bank for all charges made by Cardholders and Designees including charges made on a lost or stolen card before it is reported lost or stolen. I also will promptly notify the System’s Program Administrator of any suspected or real card misuse or abuse. Purchases must be in accordance with the President’s procedure SP 8-61a Purchasing Approval Policy including obtaining appropriate written approvals in advance of executing purchases.

I understand that the card is the property of PPSC, assigned to Cardholders, and that, in the event of willful or negligent default of the Cardholder’s obligations, the department shall take any recovery action deemed appropriate that is permitted by law which may include termination and personal liability. Furthermore, I agree to notify the Program Administration immediately in the event that I or any Cardholder under my approving authority is transferred from or is no longer employed by the department.

**Cardholder’s Name Reporting to Approving Official** \_\_\_\_\_

## APPROVING OFFICIAL

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Printed Name** \_\_\_\_\_

## DEPARTMENT VP (if different than approving official):

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Printed Name** \_\_\_\_\_