University of Arkansas for Medical Sciences

UAMS Credit Card Acknowledgement

Name: **Department:**

Card Issued: ☐ **P-Card** ☐ **T-Card**

You have accepted the responsibility of becoming a University of Arkansas for Medical Sciences (UAMS) Credit Cardholder. As a cardholder authorized by the State of Arkansas and UAMS, you must certify that you understand all expectations and responsibilities associated with this duty before a card can be issued to you. Please review and acknowledge each statement below.

☐ I have read the UAMS manual that governs my card (Travel Manual 8.4.05A, PCard Manual 5.1.19A), and I fully understand the contents and responsibilities outlined therein.

☐ I understand I am solely responsible for the timely reconciliation of all transactions authorized on my card. I acknowledge that failure to provide adequate documentation to reconcile transactions within the reconciliation window could result in personal liability.

☐ I understand I am to immediately report fraudulent activity or loss of card to the issuing bank as well as the Travel and Expense Reimbursement (T&ER) team.

☐ I understand I must immediately surrender my card should I transfer to a different position, should my position be terminated, or if it is requested by my supervisor/UAMS Credit Card Liaison. I acknowledge that I am still responsible for reconciling any outstanding charges even after I leave my current department or UAMS.

☐ I understand that any card misuse can result in account termination and may include disciplinary action. I may also be personally liable for any transactions that result from misuse.

☐ I understand that my continued status as a UAMS Cardholder is at the sole discretion of the UAMS Credit Card Liaison.

I hereby certify that I have read and understood the acknowledgement above as well as the contents of the UAMS manual that governs my card.

Signature: Date: