

Drake University
Purchasing Card Approver's Agreement

I agree to all of the following qualifying factors regarding my responsibilities as a Drake University MasterCard Purchasing Card Approver.

1. I will review/Approve monthly the Purchasing Card statements on the Wells Fargo site for proper coding, description on transactions, and purchases are within the policies of Drake University.
2. I understand that not reporting misuse of the Purchasing Card is condoning fraud and subject to disciplinary action up to and including termination.
3. I will review monthly the Purchasing Card statements to ensure receipts for all transactions are attached and descriptions added.
4. I will sign each Monthly statement with attached receipts. By signing the Cardholder statement as an Approver, I am indicating that the Cardholder was authorized to make the purchases and the purchases were made in accordance with the applicable procedures
5. I will question and report purchases that do not appear to be in the best interest of the University.
6. I will submit the statement to Accounting upon completion of review.

My signature below certifies that I have read and agree to the responsibilities described above.

Approver's Name (Print) _____

Email Address _____

Dept Name: _____ Dept. Org # _____

Signature _____ Date: _____

