

**Drake University**  
**Purchasing Card Delegate Agreement**

1. I have read and will comply with the terms of this agreement; as well as, the University's Procurement Card Policy.
2. I will act on behalf of the Cardholder in regard to reconciliation of the Cardholders transaction.
3. I will review monthly the Purchasing Card statement(s) for which I am assigned. During the review process I will review all transactions for;
  - a. proper FOAPAL coding
  - b. a description reflecting the business purpose
  - c. all purchases are within the policies of Drake University
  - d. all receipts and or documentation have been received and attached to the applicable transaction via the purchasing card website
  - e. appropriate submission of applicable information as outlined within the University's Policies and Procedures; including but not limited to, the Purchasing Card Policy
4. I will question and report purchases that do not appear to be in the best interest of the University.
5. I understand that not reporting misuse of the Purchasing Card is condoning fraud and subject to disciplinary action up to and including termination.

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

Delegates Name (Print) \_\_\_\_\_

Email Address \_\_\_\_\_

Department Name: \_\_\_\_\_

Department Org # \_\_\_\_\_

Budget Manager Signature \_\_\_\_\_

Date: \_\_\_\_\_