APPENDIX B – Authorized Reviewer Agreement

**UNIVERSITY OF BALTIMORE/STATE OF MARYLAND**

CORPORATE PURCHASING CARD PROGRAM

|  |  |  |
| --- | --- | --- |
| Department Name  | Dean, Director or Department Head | Reviewer’s Name  |
| Review’s Telephone Number  | Reviewer’s E-mail Address  | Review’s UB ID |

The above reviewer is responsible for reviewing on a monthly basis, the paper statement, transaction log and statement reconciliation, in PeopleSoft Finance, for each of the below cardholders. (Cardholder’s immediate supervisor or business manager)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Cardholder** | **Date Assigned** | **Credit Limit** | **Reviewer** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |

1. I certify the cardholder(s) listed above are under my supervision or I am the business/financial manager for the department.

2. I understand that I am delegating the authority to purchase supplies and services on behalf of the University of Baltimore – department name, using the State of Maryland Corporate Purchasing Card and assert the following: the amount of any single purchase will not exceed $5,000.00, no employee travel costs and/or capital outlay cost will be authorized, no personal purchases will be made with the card, and cash advances are strictly prohibited.

3. If the card is lost or stolen, or if the cardholder leaves employment within the Department for any reason (including retirement) I agree to immediately notify the Purchasing Card Program Administrator.

4. I agree to review the cardholders’ credit card statement each month and to verify the charges made are appropriate for the unit and are for the benefit of the State of Maryland, the University of Baltimore and are not personal purchases. Additionally, I agree to verify all purchases have been made in accordance with applicable laws and regulations, including, but not limited to, COMAR, the State of Maryland Corporate Purchasing Card Program Policy and Procedure and UB’s Purchasing Card Manual. I understand that my failure to follow established procedures may result in disciplinary actions against me, including reimbursement of unauthorized purchases, loss of leave time, suspension and/or termination of employment, fine, and/or criminal prosecution.

Reviewer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_

(print name)

Dean, Director or

Department Head: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_

(print name)

PCPA: Blair Blankinship Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_

Questions should be addressed to Blair Blankinship, bblankinship@ubalt.edu or 410.837.5714