Reset Form

Print Form

State of Colorado

DEPARTMENTAL CARD MANAGER AGREEMENT

The Department of_____ (the "Department") is pleased to authorize you to act as a **Departmental Card Manager** to oversee all Departmental Card Custodian's under the Department's Departmental Card Program. This responsibility represents the Department's trust in you as a responsible employee to manage Card Custodians to ensure compliance with Commercial Card policies and guidelines of the Department's Departmental Card Program.

I, _____, acknowledge receipt of my appointment as a Departmental Card Manager for all Card Custodian's in the Departmental Card Program. As a Departmental Card Manager, I acknowledge my responsibilities to administer and control the use of the Departmental cards assigned to the Card Custodians within the Department's Departmental Card Program. I have read and understand the Department's Commercial Card Manual. I agree to fulfill the responsibilities outlined in this Agreement and the Manual and subsequent revisions.

As a Departmental Card Manager, I understand that I am an internal control point for the Program by ensuring that Card Custodian's and Designees comply with State Procurement, Personnel and Fiscal Rules, Department's Fiscal Rules, and the provisions of the Department's Departmental Card Program. I will audit Departmental card statements and transaction documentation based on the Department's, program and funding requirements, and I shall create and maintain a list of individuals who are assigned as a Card Custodian.

I understand that the Department is liable to **CitiBank** for all charges made by all Departmental Cards. To ensure compliance, I shall instruct and train Card Custodians on their roles and responsibilities; and provide guidance to resolve Card Custodian oversight issues. I also will communicate to the Program Administrator any Card Custodian or Designee who has misused any Departmental card.

I understand, as Departmental Card Manager, in the event of willful or negligent default of my responsibilities, the department shall take any action deemed appropriate that is permitted by law. Furthermore, I agree to notify Program Administrator immediately in the event that I, or any Card Custodian or Designee under my approving authority, is transferred from or is no longer employed by the department.

Departmental Card Manager:

Signature: _____

Date: _____

Print Name: _____

Department: _____

Address: _____

Phone: _____

Email: _____

Program Administrator:

Signature:_____

Date: _____

Print Name: _____

Department: _____

Address: _____

Phone: _____

Email: _____