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State of Colorado

Procurement ☐
Travel ☐
Both ☐

APPROVING OFFICIAL AGREEMENT

The Department of_____ (the "Department") is please to authorize you to act as an Approving Official under the Department's Procurement Card Program. The card represents the Department's trust in you as a responsible employee to monitor the use of the procurement card.

I, _____, acknowledge receipt my appointment as an Approving Official for the Procurement Card Program. As an Approving Official, I acknowledge completion of the procurement card training and receipt of the Department's Commercial Card Manual. I have read and understand the Manual. I agree to fulfill the responsibilities outlined in this Agreement and the Manual and subsequent revisions.

As an Approving Official, I understand that I am an internal control point for the Program by ensuring that Cardholders comply with State Procurement, Personnel and Fiscal Rules, Department's Fiscal Rules, and the provisions of the Department's Procurement Card Program. I will review all transactions made by each of my Cardholders, ensure original documentation is matched to Cardholder statements, take appropriate action should violations occur, and sign (approve) all transaction statements.

I understand that the Department is liable to Citibank for all charges made by Cardholders, Card Custodians and Designees including charges made on a lost or stolen card before it is reported lost or stolen. I also will promptly notify the agency's Program Administrator of any suspected or real card misuse or abuse.

I understand that the card is the property of the Department, assigned to Cardholders, and that in the event of willful or negligent default of the Cardholder's obligations, the department shall take any recovery action deemed appropriate that is permitted by law. Furthermore, I agree to notify Program Administration immediately in the event that I, or any Cardholder under my approving authority, is transferred from or is no longer employed by the department.

Approving Authority:

Signature: _____

Date: _____

Print Name: _____

Department: _____

Address: _____

Phone: _____

Email: _____

Program Administrator:

Signature:_____

Date: _____

Print Name: _____

Department: _____

Address: _____

Phone: _____

Email: _____