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State of Colorado

Procurement Card ☐
ONE Card ☐
Central Travel Card ☐

CARD CUSTODIAN AGREEMENT

The Department of_____ (the "Department") is pleased to authorize you to act as a Card Custodian for a **Departmental Card** under the Department's Commercial Card Program. The card represents the Department's trust in you as a responsible employee to monitor the use of the **Departmental Card**.

I, _____, acknowledge receipt of my appointment as a Card Custodian for a Departmental Card for the Commercial Card Program. As a Card Custodian, I acknowledge completion of 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 a Card Custodian, I understand that I am an internal control point for the Program by ensuring that Designees comply with State Procurement, Personnel and Fiscal Rules, Department's Fiscal Rules, and the provisions of the Department's Commercial Card Program. I will review all transactions made by each of my Designees, ensure original documentation is matched to Designee 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. Lost or stolen cards will be reported immediately to **CitiBank** and Program Administrator. I also will promptly notify the agency's Program Administrator of any card misuse or abuse.

I understand that the card is the property of the department, assigned to me as Card Custodian, and that, in the event of willful or negligent default of the Designee'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 Designee under my approving authority, is transferred from or is no longer employed by the department.

Card Custodian:

Signature: _____

Date: _____

Print Name: _____

Department: _____

Address: _____

Phone: _____

Program Administrator:

Signature:_____

Date: _____

Print Name: _____

Department: _____

Address: _____

Phone: _____

Email: _____ | Email: _____