

PROGRAM ADMINISTRATOR AGREEMENT

This agreement is entered into between the Department/Agency/Institution of Higher Education’s Program Administrator for the State Commercial Card Program and the State Commercial Card Program Manager in the Department of Personnel & Administration. This Agreement shall be effective upon signature by all parties, and shall continue perpetually unless modified or terminated.

The Program Administrator is responsible for the oversight and management of the Department/Agency/Institution of Higher Education’s program. By signing this agreement, Program Administrator agrees to fulfill all of the responsibilities in the State Controller Policy entitled, “Commercial Card Program Administrator” and the *Commercial Card Manual* to ensure the Department/Agency/Institution of Higher Education’s program and cardholders are in compliance at all times. Program Administrator agrees to participate in required meetings/conversations regarding any changes to the State Commercial Card Program. These responsibilities are those of the Program Administrator who signs this agreement and cannot be further delegated. Non-compliance with these responsibilities may result in the remedies outlined in the State Controller Policy entitled “Commercial Card Program Administrator”.

The *State Commercial Card Program Manager* reserves the right to monitor and recommend changes to your Department/Agency/Institution of Higher Education’s program to ensure compliance with the State Controller Policy entitled “Commercial Card Program Administrator” and the policies/procedures outlined in the *Commercial Card Manual*.

Program Administrator:

Signature: _____

Date: _____

Department: _____

Address: _____

Phone: _____

Email: _____

Program Administrator Manager/Supervisor:

Signature: _____

Date: _____

Department: _____

Address: _____

Phone: _____

Email: _____

Acting State Commercial Card Program Manager:

Signature: _____

Date: _____

Department: Personnel and Administration

Address: 1525 Sherman St., Denver 80203

Phone: 303-866-6147

Email: michelle.garcia1@state.co.us

Controller/Procurement Official (office where program is managed)

Signature: _____

Date: _____

Department: _____

Address: _____

Phone: _____

Email: _____