

**CCARD**Colorado  
Commercial Card Manual

**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 commercial 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: \_\_\_\_\_

Email: \_\_\_\_\_

**Program Administrator:**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Department: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_