

**STATE OF MARYLAND
CORPORATE PURCHASING CARD PROGRAM
AGENCY PURCHASING CARD PROGRAM ADMINISTRATOR (PCPA) AGREEMENT**

I, _____, have been assigned the duties of PCPA for _____,
for the State of Maryland Corporate Purchasing Card.

1. I have received a copy of the State of Maryland Corporate Purchasing Card Program Policy and Procedures Manual _____(initial).
2. I have read the State of Maryland Corporate Purchasing Card Program Policy and Procedures Manual _____(initial).
3. I have contacted the GAD CPC Coordinator and have been set-up on ACCESS ONLINE _____(initial).
4. I have received training in adding, closing and modifying card in ACCESS ONLINE _____(initial).
5. I have received training in running spend reports in ACCESS ONLINE _____(initial).
6. I have received training in running card reports in ACCESS ONLINE _____(initial).
7. GAD CPC Global Administrator is Monica Wheatley, telephone 410-260-7520, email mwheatley@comp.state.md.us
8. Telephone number for the ACCESS ONLINE technical help desk is 1-877-452-8083.
9. For account service and support contact Service Points at 1-877-846-9302, email servicepointcps@usbank.com
10. Account Coordinator is Melissa Murphy; her telephone number is 1-855-250-6421, ext. 1566260, email melissa.murphy@usbank.com

STATEMENT OF COMPLIANCE

To the best of my ability I agree to ensure that all purchases are made in accordance with applicable laws, Code of Maryland Regulations (COMAR) or USM Policies and Procedures, and the State of Maryland Corporate Purchasing Card Program Policy and Procedures Manual. I understand that I will report to my manager and/or Agency Fiscal Officer if I have suspicion that any transactions are being made in violation with the above-mentioned procedures.

I further acknowledge and certify that I shall be personally responsible for any unauthorized Corporate Purchasing Cards being issued. I hereby authorize the State to deduct from my payroll check and from any other payments to me the amount of any payments made to unauthorized Corporate Purchasing Cards issued by me.

Purchasing Card Program Administrator’s Signature/Date

Agency Address

Manager’s Signature/Date

Agency Fiscal Officer’s Signature/Date