# The University of Arizona
# Purchasing Card Departmental Application

(For First-Time Departments to join the Purchasing Card Program and/or Add/Change Liaisons)
Instructions – Complete form and obtain original signatures. Mail to: USA Building 300A, PCard Office, 5th Floor

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___New Department

___Liaison Add

___Liaison Change (Name of Liaison being removed: _____)

Department/Unit Name: _____Dept. # _____

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I attest that I understand and will perform the duties of a Purchasing Card Liaison at the University of Arizona as described in the Purchasing Card Policies. I further attest that I will assure that each Reconciler and Fiscal Officer within my department/unit understands and performs the appropriate Purchasing Card duties.

New Purchasing Card Liaison Name: _____

Liaison Net Id: _____ Liaison Emplid: _____

Liaison email: _____ Liaison Phone: _____

Liaison (signature):_____ Date: _____

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As Department/Unit Head or Designee, I will require adherence to Purchasing Card policy by all cardholders in my department/unit, will support the Liaison in monitoring transactions for compliance to that policy, including reporting improper use of the card to me, and will deal swiftly and effectively with any of my employees who misuse the card.

Department/Unit Head (printed name): _____

Department/Unit Head (signature): _____ Date: _____