



ProCard Approver Agreement

My signature below indicates my acknowledgement of and agreement to the responsibilities associated with my role as a Loyola University of Chicago (“LUC”) procurement card (“ProCard”) approver:

- I will comply with the terms and conditions of this ProCard Approver Agreement and LUC’s ProCard Policy and Procedure Manual, Travel & Business Expense Policy and all other applicable LUC policies and procedures (the “Policies”).
- I will coordinate ProCard applications for all LUC ProCard users under my supervision (“Users”), confirm that all Users have signed LUC’s Procurement Card—Employee/Cardholder Agreement and establish and communicate any necessary departmental or division guidelines or procedures for ProCards.
- I will review **ALL** ProCard transactions of all Users and confirm that **ALL** ProCard purchases and expenses have a detailed and valid business purpose provided in PNC ActivePay prior to a download.
- I will notify the ProCard Administration (“PCA”) of any User terminations or transfers (within LUC departments) and monitor **ALL** communications that are provided by PCA.
- I will ensure any suspected misuse, fraud, or any inconsistencies are reported immediately to both the PCA and the User’s applicable department or division management (e.g., Vice President, Chair, Dean or Manager).
- I will ensure the correct Accounting Unit and Account Code will be assigned to **ALL** ProCard transactions prior to a download.
- I will ensure the cardholder will submit valid and complete monthly documentation in a timely manner.
- I understand that any transaction with my approval in VISA Spend Clarity is verified and in compliance with the Policies. I agree to assume responsibility for that purchase.
- I understand that failure to follow any of the above listed terms and conditions or misuse of the ProCard in any manner may result in:
 - Revocation of the privilege to approve/review User transactions;
 - Disciplinary action; and/or
 - Suspension of the ProCard, re-training of ProCard duties and/or, in some cases, termination of employment and legal action.

Name (Please Print)

Signature

Date