Attachment “E”

UNIVERSITY OF TEXAS AT EL PASO
PURCHASING OFFICE

Procurement Card Program
Card Holder Supervisor Agreement

___________________________ has received the training required of an authorized ProCard user for your area. He/she is now in possession of an institutional JPMorgan Chase MasterCard that will be used to purchase items as appropriate and has been trained in the following controls in the use of the card:

• Physical security of credit card
• Types of purchases allowed on the card
• Instructions for maintaining a Transaction Log of all purchases
• Access and use of the VP7 On-Line Reconciliation System

As the cardholder's supervisor, you are responsible for ensuring that the proper controls are in place and followed within your department. Your specific responsibilities are:

• Verify that the purchases made on the ProCard are listed on the transaction log each month, are appropriate and necessary for the department.
• Verify expenditures are allocated to the appropriate account number
• Verify the amounts of individual transactions do not exceed $999.99, daily limit of $1999.99 and monthly transactions do not exceed the $5,000 limit.
• Sign and date the transaction log each month. Verify that an itemized receipt corresponds for each expenditure processed.

Key Program Contacts

Liz Mendez, General ProCard Information  
jmendez8@utep.edu  - or (915) 747-5810

Rene Rayon, Billing/Reconciliation Questions  
rener@utep.edu  - or (915) 747-7881

ProCard Program User’s Guide and Documentation

The ProCard Program User’s Guide is the primary reference document for the ProCard. It provides information regarding what can/cannot be purchased, duties and responsibilities of the cardholder and other general information. You are encouraged to refer to the on-line documentation for the most up-to-date ProCard information:

http://admin.utep.edu/pgs > Purchasing > Procard

As supervisor of the above referenced ProCard holder, I have read and understand the information above and will ensure that the required departmental oversight and controls are in place.

Supervisor Name: ___________________________ Signature: ___________________________ Date: ___________________________

Return form to:
Liz Mendez, Pro Card Administrator, Purchasing and General Services