

**State of Arkansas
Credit Card Reviewer Agreement Form**

Printed Name: _____ AASIS: _____

Agency Business Area/ Name: _____

As an authorized and approved Credit Card Reviewer, I fully understand and agree to the following terms and conditions regarding the oversight of credit card holder(s) purchases.

1. I have or will receive classroom training on the Credit Card Reviewer policies and procedures.
2. I acknowledge that I do not have any accounts payable duties or functions; and if I do, then my Reviewer role will be revoked.
3. I will ensure that all purchases, I am assigned to review, are for State Business use ONLY.
4. I will reconcile the cardholder's original receipts on all transactions.
5. I will reallocate and/or ensure all allocations are correct and complete on each transaction.
6. I will ensure the Use Tax is charged properly on each transaction.
7. I will assist in resolving disputes on cardholder accounts.
8. I will notify my agency Liaison if any of the following occurs:
 - a. Questionable activity/purchases by a cardholder
 - b. Fraudulent Charges
 - c. Lost or Stolen Card
 - d. If a cardholder is terminated, transfers, or resigns

I understand that failure to follow any of the above listed terms and conditions may result in (a) revocation of Reviewer role, (b) disciplinary action, (c) termination of employment.

I hereby accept the above terms and conditions.

****This agreement includes all future types of accounts as a Credit Card Reviewer.**

Employee Signature

Date Signed