



Office of Strategic Sourcing and Procurement

## Purchase Card Training Affidavit and User's Agreement

### Applicant Information

Name: \_\_\_\_\_

Department Name: \_\_\_\_\_

Training Completion Date: \_\_\_\_\_

### Certification

I, \_\_\_\_\_, Cardholder / Approving Official / Department Program Coordinator / Designated Billing Official, certify that I have completed training in the proper use of the University Purchase Card. I certify that I have read, understand, and agree to adhere to the requirements of the **University Purchase Card Program Policies and Procedures** that govern participation in the University of the District of Columbia Purchase Card Program.

I understand that the University Purchase Card is the property of the University of the District of Columbia, and must be surrendered upon separation from University employment, or as deemed appropriate by the Chief Contracting Officer or other authorized designees.

**I understand that I can be held personally and financially responsible for any unauthorized purchases or use of the University Purchase Card, including permitting vendors to charge sales tax for card purchases.**

I understand that violations of any of the provisions of the above referenced directive may result in suspension and cancellation of my Purchase Card privileges, or may be the basis for disciplinary action and criminal prosecution.

\_\_\_\_\_  
Cardholder / Approving Official / Department Program Coordinator / Designated Billing Official Signature

\_\_\_\_\_  
Date