UNIVERSITY OF OREGON Business Affairs Office

SAMPLE

Clear Form

UO Procurement Card Signature Authorization/Agreement

(Please send completed form to Purchasing and Contracting Services, Oregon Hall and retain a copy on file in department)

Department Name _____ **Index** _____

The signatures below indicate that I/we have read, understand and agree to abide by the terms and conditions of the UO Procurement Card Policy and Procedures and any subsequent amendments or addendum, and have access to a copy of the UO Procurement Card Policy and Procedures and training materials. *If you are a Custodian and plan to use the card for purchases, sign in BOTH the Card Custodian and Designated Card User sections.*
Please use a second copy of this form for more than fourteen Designated Card Users.

Card Custodian

Printed Name	Signature	Date

Designated Card Users

Printed Name	Signature	Date

Unit Administrator

Printed Name	Signature	Date

Procurement Card Program Administrator (Business Affairs Use Only)

Printed Name	Signature	Date