

This form shall be completed and submitted by the Agency Liaison for an employee's initial online access to Bank of America.

ALL COMPLETED APPLICATIONS MUST BE EMAILED TO Creditcards@dfa.arkansas.gov

***Required Fields**

Reviewer Information

*Last Name	*First Name	Middle Initial	*AASIS Personnel #	*Last 4 digits of SSN:
*Agency Business Area (4digits)	*Agency Name			
*E-mail Address				

Type of Role Needed (Check each that apply)

<input type="checkbox"/>	Review (Proxy Reconciler or Secondary Cardholder)	<input type="checkbox"/>	Cardholder (Allocate Only)
<input type="checkbox"/>	View Only (Includes Reporting)		

Specific Cardholder Accounts to be Assigned to the Applicant (Allocate, View, and/or Review)

*Type of Account: PCARD / TCARD / CTS	*Last 4 digits on Cardholder Account	*Name on Cardholder Account

Specific Group Accounts to be assigned to the Applicant. (If the reviewer needs access to all cards under a specific group). This may include Division and Department Numbers.

*Business Area 4 digits	*Group Name	*Division Number 5 digits	*Dept Number 4 digits

I understand and accept full responsibility as an Agency Reviewer to review and/or reallocate all accounts assigned to me and verify all transactions have been approved on a weekly basis.

*Employee Signature:		*Date
*Liaison Name:	*Liaison Signature:	*Date
*Approving Manager Name:	*Approving Manager Signature:	*Date

DTSS CREDIT CARD SECTION USE ONLY

Signature:		Date Completed:	
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**State of Arkansas
Credit Card Reviewer Agreement Form**

Printed Name: _____ AASIS # _____

Agency: _____ Business Area: _____

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