



REVIEWER/ALLOCATOR SETUP APPLICATION

Arkansas Department of Transformation & Shared Services / Office of State Procurement

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 osp.creditcards@arkansas.gov

***Required Fields**

Reviewer Information

*Last Name	*First Name	Middle Initial	*AASIS Personnel #	*Last 4 digits of SSN:
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*Agency Business Area/ 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/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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Revised 9/2022

**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