

## **REVIEWER/ALLOCATOR SETUP APPLICATION**

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 \*AASIS Personnel # \*Last 4 digits of SSN: \*Last Name \*First Name Middle Initial \*Agency Business Area/ Name \*E-mail Address Type of Role Needed (Check each that apply) Review (Proxy Reconciler or Secondary Cardholder) Cardholder (Allocate Only) View Only (Includes Reporting) Specific Cardholder Accounts to be Assigned to the Applicant (Allocate, View, and/or Review) \*Type of Account: \*Last 4 digits on PCARD / TCARD / CTS \*Name on Cardholder Account 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. Date \*Employee Signature: \*Liaison Name: Liaison Signature: Date Date \*Approving Manager Name: \*Approving Manager Signature:

	DTSS CREDIT CARD SECTION USE ONLY	
Date Completed:		Signature:

Revised 9/2022

## State of Arkansas Credit Card Reviewer Agreement Form

Pri	ed Name:AASIS:
Ag	cy Business Area/ Name:
As	n authorized and approved Credit Card Reviewer, I fully understand and agree to
the	llowing terms and conditions regarding the oversite of credit card holder(s)
pur	nases.
1.	have or will receive classroom training on the Credit Card Reviewer policies and procedures.
2.	acknowledge that I do not have any accounts payable duties or functions; and if I do, hen my Reviewer role will be revoked.
3.	will ensure that all purchases, I am assigned to review, are for State Business use ONLY.
4.	will reconcile the cardholder's original receipts on all transactions.
5.	will reallocate and/or ensure all allocations are correct and complete on each transaction.
6.	will ensure the Use Tax is charged properly on each transaction.
7.	will assist in resolving disputes on cardholder accounts.
8.	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
l ur	erstand that failure to follow any of the above listed terms and conditions may result in
(a)	evocation of Reviewer role, (b) disciplinary action, (c) termination of employment.
I he	eby accept the above terms and conditions.
**T	is agreement includes all future types of accounts as a Credit Card Reviewer.
Em	loyee Signature Date Signed