



PENN STATE PURCHASING CARD PROGRAM RECONCILER DELEGATION FORM

Reconciler Name: _____

Reconciler User ID: _____ Title: _____

Department: _____ College/Admin Area: _____

Reconciler E-mail Address: _____ Phone Number: _____

Reconciler Office Address: _____

Mnemonics, Accounts or Cards delegated: _____

I accept responsibility to serve as reconciler for cardholders delegated to me by the Financial Officer. I have read and agreed to abide by Policy BS14 and Procedure PC2009. I understand that I have the following responsibilities:

- To review RPCC daily (or on a regular basis) for new transactions and to process the RPCC when the receipts and support form are available and to contact the cardholder on a timely basis if receipts are not received.
- To verify that the receipt matches the information on RPCC and to verify the Cardholder has signed both the receipt and support form.
- To verify that the purchase complies with policy and is not an excluded transaction for the Purchasing Card. I will bring any exceptions or concerns to the Financial Officer's immediate attention.
- To enter a complete but concise purpose and description on RPCC for each transaction and to enter the correct budget distribution, including object codes. I have been advised of Guideline FNG05 - *Expenditure Guidelines for Costs Not Allowable under OMB Circular A-21* (also known as the x-coding policy) by the Financial Officer, have read the policy, and will x-code as required.
- To note P-number on the support form, initial and date.
- To file all receipts and related materials as requested by the Financial Officer and to maintain the files in a manner which will permit easy review for audit purposes.

In addition, I understand that I should alert the Financial Officer of any questionable purchases and bring all instances of misuse of the card to the Financial Officer's attention.

I assume responsibility for maintaining the security of the card numbers assigned to the Cardholders for whom I reconcile. If a Cardholder authorizes me to make purchases on the card, I will not reconcile any transactions I place, but will forward to another authorized reconciler or the Financial Officer for reconciliation. If I personally am a Cardholder, I understand that reconciling my own transactions is considered to be misuse of the purchasing card.

Reconciler Signature _____ Date _____

As Financial Officer, I verify that the individual being delegated responsibility for purchasing card reconciliation has received adequate training in the duties of a reconciler and is also familiar with University policy and procedure, including the X-coding procedure.

Security Requested through Corporate Controller's Office:

Financial Officer Signature _____ Date _____

Date Reconciler Security Rescinded: _____ FO Signature: _____