



Commercial Card Approving Official Agreement

P-Card

Travel Card

The Community College of Aurora (CCA) is pleased to authorize you to act as an Approving Official under CCA's Commercial Card Program. The card represents CCA's trust in you as a responsible employee to monitor the use of the Commercial Card.

I, _____, acknowledge receipt of my appointment as an Approving Official for the Commercial Card Program. As an Approving Official, I acknowledge completion of the Commercial Card training and receipt of the CCA Commercial Card Manual. I have read and understand the Manual. I agree to fulfill the responsibilities outlined in this Agreement and the Manual and subsequent revisions.

As an Approving Official, I understand that I am an internal control point for the Commercial Program by ensuring that cardholders comply with State, Colorado Community College System, and CCA fiscal guidelines. I will review all transactions made by each of my cardholders, ensure original documentation is matched to cardholder statements, take appropriate action should violations occur, and sign (approve) all transaction statements.

I understand that CCA is liable to Citibank for all charges made by cardholders, card custodians and designees including charges made on a lost or stolen card before it is reported lost or stolen. I also will promptly notify the CCA Commercial Program Administrator of any suspected or real card misuse or abuse.

I understand that the card is the property of CCA, assigned to cardholders, and that in the event of willful or negligent default of the cardholders obligations, the department shall take any recovery action deemed appropriate that is permitted by law. Furthermore, I agree to notify the proper CCA Commercial Card Program Administrator immediately in the event that I, or any cardholder under my approving authority, is transferred from or is no longer employed by the department.

Approving Official

Print Name: _____ Signature: _____ Date: _____

Dean (If Applicable)

Print Name: _____ Signature: _____ Date: _____

Program Administrator

Print Name: _____ Signature: _____ Date: _____