

DCFS PURCHASING CARD (“P” CARD) APPROVAL FORM

USE THIS FORM TO REQUEST APPROVAL FOR DCFS STAFF TO APPLY FOR A STATE OF ARKANSAS BUSINESS PURCHASING CARD (P-CARD)

THIS FORM, WITH APPROVAL SIGNATURES, MUST BE SUBMITTED TO THE DCFS FINANCIAL SUPPORT UNIT ALONG WITH THE STATE OF ARKANSAS PURCHASING CARD APPLICATION FORM

DATE: _____

PLEASE NOTE: NO ACTION WILL BE TAKEN WITHOUT THIS INFORMATION

DCFS AREA: _____

COUNTY OR CENTRAL OFFICE LOCATION: _____

NAME AND TITLE OF DCFS STAFF PERSON WHO WILL USE THE CARD:

Name	Title

I, as an authorized and approved Arkansas Purchasing Card Program “P-Cardholder”, hereby acknowledge and agree to all State of Arkansas and Division of Children and Family Services conditions regarding the use and safekeeping of the purchasing card and account number entrusted to me. I accept full personal responsibility for ensuring that I will not use the P-Card or account numbers for non-state business, unauthorized, or personal purchases. If such charges occur I will be required to reimburse the State for all incurred charges and any fees related to the collection of those charges and will be subject to disciplinary action up to and including termination, as identified in DHS Policy 1084, DHS Employee Discipline Policy.

SIGNATURE OF AGREEMENT TO TERMS AND CONDITIONS OF STAFF PERSON REQUESTING USE OF BUSINESS PURCHASING CARD FOR DCFS CLIENT PURCHASES:

Signature: DCFS Cardholder	Date

APPROVALS

Signature: DCFS County Supervisor	Date

Signature: DCFS Financial Coordinator	Date

Signature: DCFS Area Director	Date

Signature: DCFS CHIEF FISCAL OFFICER/DESIGNEE	Date

Submit electronically signed form and the State of Arkansas Purchasing Card Application form by email to the DCFS Agency Liaison, Mary Baker at DCFS.P.Card.Applications@arkansas.gov