STATE OF HAWAII
PURCHASING CARD (pCard) or EMERGENCY pCARD
CARDHOLDER AGREEMENT

In return for the purchasing authority delegated to me and in consideration of my responsibility to properly steward public resources, I agree to undertake the following responsibilities:

- To comply with this Agreement and the applicable provisions of the State of Hawaii Purchasing Card Procedures, presently and as may subsequently be revised. I acknowledge receipt of the Manual and affirm that I have read and understand its terms and conditions. I understand that the State of Hawaii is liable to First Hawaiian Bank for all charges made by me.

- I will submit necessary transaction documents and/or transaction information to my agency by the end of the monthly billing cycle or when deemed necessary by the department. I also acknowledge that my failure to do so may result in the revocation of my privilege to be a cardholder.

- To protect and safeguard the pCard or Emergency pCard per this Agreement and the State of Hawaii Purchasing Card Procedures.

- To immediately report lost or stolen cards to First Hawaiian Bank and my department's pCard Administrator and to follow up with written notice to both.

- To purchase ethically, fairly, and without conflict of interest; to seek the best value; to purchase only necessary items; to determine that the price is fair and reasonable by comparing alternative sources; and when using State or Federal funds, to avoid firms or individuals who are prohibited from contracting with the State or Federal Government.

- I understand that the use of the pCard or Emergency pCard to make personal purchases is strictly prohibited and unauthorized. I will not use the card(s), under any circumstances, for personal use.

- I understand that my use of the pCard or Emergency pCard will be audited.

- I understand that I may be delegated the authority to use the Emergency pCard. Purchases with the Emergency pCard shall only be used in conjunction with the Governor's Emergency Proclamation and under the direction of the department's Emergency pCard procedures.

- As the holder of this pCard or Emergency pCard, I agree to accept responsibility for its protection and proper use as outlined in this Agreement and the State of Hawaii Purchasing Card Procedures.

- I understand that I cannot use the pCard for the restricted commodities listed in the State of Hawaii Purchasing Card Procedures. I understand that commodities, where contracts are in place, must be purchased from the contract suppliers.

- I understand that my failure to comply with the applicable provisions of the State of Hawaii Purchasing Card Procedures and/or the provisions of this Agreement may result in revocation of the pCard or Emergency pCard privileges. If the card(s) is used for unlawful or improper purposes, I may also be subject to disciplinary action for that misconduct.

- If I am found to be responsible for unlawful or improper purchases, and I am no longer employed by the State of Hawaii, I agree to pay all the legal fees incurred by the State of Hawaii to prove my liability.

- I understand that the State of Hawaii may terminate my right to use the pCard or Emergency pCard any time for any reason. I agree to return the card(s) to the State of Hawaii immediately upon request or upon termination of employment.

CARDHOLDER:

Type: ☐ **pCard**

_____
Signature Date

_____
Print Name

_____
Department

_____
Division/Branch/Office

_____/ _____
Work Telephone No. Fax No.

_____
E-mail Address

☐ **Emergency pCard**

_____
Signature Date

_____
Print name

_____
Department

_____
Division/Branch/Office

_____ / _____
Work Telephone No. Fax No.

_____
E-mail Address

APPROVING OFFICIAL:

I authorize this applicant to have:

☐ **pCard**

_____
Approving Official's Signature

_____
Print Name

_____
Date

_____
Department Name

_____
Division/Branch/Office

☐ **Emergency pCard**

_____
Approving Officials Signature

_____
Print Name

_____
Date

_____
Department Name

_____
Division/Branch/Office

Cardholder:
I hereby acknowledge receipt of:

☐ **pCard**

pCard # _____

Monthly Limit _____

Expiration Date _____

_____
Cardholder Signature

_____
Date

☐ **Emergency pCard**

pCard #_____

Monthly Limit _____

Expiration Date _____

_____
Cardholder Signature

_____
Date