

## PROCUREMENT CARD APPROVAL FORM

### AGENCY

As the Procurement Card (P-card) Administrator (PCA), I agree that our agency will abide by agency and statewide procurement card (P-card) policies and procedures. I understand that I will be responsible for management of the day-to-day issues relating to P-card use in our agency. I also agree that while serving as PCA, I **CANNOT** have a P-card issued in my name. I will ensure that each Cardholder signs both the *State of Nevada Procurement Card Program Cardholder Agreement* and their card. I also will provide each Cardholder a copy of our agency-specific *Procurement Card Policies and Procedures*, guidelines, and P-card program materials, as well as access to statewide procedures that control use of the P-card.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_, 20\_\_

**PRIMARY** Procurement Card Administrator

Primary PCA Name \_\_\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Agency : \_\_\_\_\_

### FINANCIAL MANAGEMENT

The Governor's Finance Office/Division of Internal Audits, Compliance/Financial Management Section has reviewed the above agency's *Procurement Card Policies and Procedures*. The review did not reveal any material non-compliance with the minimal internal controls required for participation in the P-card program.

The division's assessment of the agency's P-card policies and procedures is based on an understanding of the procedures as written and the agency's assertion that these procedures will be followed and monitored. It is the agency's responsibility to ensure compliance with program requirements.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Compliance Manager, Financial Management Section  
Division of Internal Audits, Governor's Finance Office