Appendix A: PCard Guidelines for Supervisor/Approver

The Boston University PCard Policy requires a regular, timely and meaningful supervisory review of all PCard transactions by the Cardholder’s direct supervisor, or other individual designated by the direct supervisor (the “Approver”), to ensure appropriate use of the PCard. Eligible approvers do not include the Cardholder’s peers or subordinates. Approvers must familiarize themselves with the Boston University PCard Policy. The Approver is required to review the Cardholder’s activity and supporting documentation monthly, and approve electronically in Works, as evidence of the review. Below are the items the Approver must review on a monthly basis:

a. All purchases are for Boston University business purposes. Personal use is strictly prohibited.
b. No evidence of charges for employee overnight travel or other excluded commodities.
c. No transaction exceeds the $1,000 limit unless an exception has been granted by the PCard Administrator.
d. A description has been entered for each transaction in Works.
e. Receipt for each transaction or a completed Missing Receipt Form has been attached to each transaction in Works.

For further details on the PCard policy, please refer to the Payment & Payroll Services website http://www.bu.edu/cards/resources/policies-and-procedures/.

Prior to the issuance of a PCard, the Approver must return a signed copy of this form to the PCard Administrator, and by signing this document that individual agrees to follow the monthly review processes and all requirements outlined above.

____________________________________________________  ________________________________
Authorized Approver (Print Name)  Authorized Approver Signature/Date

____________________________________________________  ________________________________
Approver UID#  Approver Title

____________________________________________________  ________________________________
Approver Email

____________________________________________________  ________________________________
Cardholder (Print Name)  Cardholder Signature/Date