

PALCard Reconciler Agreement

For PALCard Administration to fill-out:

e-Test:	Listserv:	<input type="checkbox"/>
	> Purchasing Connections	<input type="checkbox"/>
PCDO:	> Reviewers	<input type="checkbox"/>

Fill out & email to PALCard@uci.edu

Name of Reconciler: _____
Last First UCINetID

Indicate which cardholder(s) will be assigned to you and whether you are the primary or backup reconciler.

<i>Last name</i>	<i>First name</i>		
1. _____	_____	<input type="checkbox"/> Primary Reconciler	<input type="checkbox"/> Backup Reconciler
2. _____	_____	<input type="checkbox"/> Primary Reconciler	<input type="checkbox"/> Backup Reconciler
3. _____	_____	<input type="checkbox"/> Primary Reconciler	<input type="checkbox"/> Backup Reconciler
4. _____	_____	<input type="checkbox"/> Primary Reconciler	<input type="checkbox"/> Backup Reconciler
5. _____	_____	<input type="checkbox"/> Primary Reconciler	<input type="checkbox"/> Backup Reconciler

➤ If you are replacing an existing reconciler, please specify the reconciler's name here: _____

Read and Initial Each Statement

- _____ 1. I am assigned as a Reconciler for the PALCard-holder(s) listed above and am authorized to review transactions **only** for this individual(s).
- _____ 2. Requests for changes, or transfers, in Reconciler assignment must be sent by my supervisor to PALCard@uci.edu for approval in **advance**.
- _____ 3. I verify that the PALCard-holder(s) I am assigned to, is not my supervisor. Reconciler must be able to objectively question all purchases.
- _____ 4. I understand that I am required to review each PALCard transaction within the specified review period of **15 calendar days** of the **created date** on the PCDO document.
- _____ 5. If I do not review a transaction within the specified review period, the PALCard-holder(s) account will be placed on hold or canceled. My access to PALCard Reconciliation (PCDO) will also be placed on hold or canceled.
- _____ 6. I have reviewed [Reconciling Auto-Approved PCDO Transactions](#) and understand the related policies and procedures.
- _____ 7. My responsibilities include confirming that the product or service was appropriate for purchase with a PALCard, based on the [Purchasing Methods Guide](#).
- _____ 8. I will communicate directly with the PALCard-holder(s), and department manager, when necessary, if I discover transactions that are not in compliance with policy. I understand I may also contact the PALCard Administrator to discuss possible non-compliance or questionable transactions.
- _____ 9. I understand that I am encouraged to report any activity, by a UC employee, that violates state or federal law, wastes money, involves gross misconduct or gross inefficiency. Protection from retaliation is covered under the UC Whistleblower and Whistleblower Protection policies.

I understand that by signing this PALCard **Reconciler Agreement**, I agree to abide by all University PALCard and Low Value Purchasing Policies and Procedures. Failure to do so may result in the revocation of my assignment as a Reconciler and my PALCard Reconciliation (PCDO).

Reconciler Signature _____

Date _____