

REVIEWER ACCESS FORM

Reviewer(s) – Person(s) authorized to review and approve Purchasing Card Transaction Logs

Date of request: _____
Cardholder Name: _____
Cardholder U ID: _____
Department: _____

This area for Procurement and Strategic Sourcing use only. Account # (last 4 digits): _____ <input type="checkbox"/> Added to PCMS <input type="checkbox"/> Added to Reviewer File <input type="checkbox"/> Added email to Listserv <input type="checkbox"/> Added to Database <input type="checkbox"/> Reviewer Completed Training <input type="checkbox"/> Deleted from PCMS <input type="checkbox"/> Removed from Reviewer File <input type="checkbox"/> Deleted email from Listserv <input type="checkbox"/> Deleted from Database Date Complete _____ <input type="checkbox"/> Scanned into Optix
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TYPE OF REQUEST – SIGNATURES REQUIRED ON PAGE 2

- Add Reviewer – Please read and complete Reviewer information under Adding Reviewer(s)
 Remove Reviewer(s) _____

Adding Reviewer(s)

Reviewer(s): I certify that I will review the purchasing card transactions monthly to ensure that receipts for all transactions are filed, the Visa statements have been reconciled, all transactions have been accurately recorded, and are allowable, appropriate and authorized charges. I understand and will perform the duties of reviewer as detailed in the UM Purchasing Card User's Guide, available on the Department of Procurement and Strategic Sourcing's website at www.purchase.umd.edu. I also understand that my failure to follow established procedures may result in disciplinary actions against me, including reimbursement of unauthorized purchases, loss of leave time, suspension and/or termination of employment, fine, and/or criminal prosecution.

Statement of Understanding

I understand that, pending all approvals, I will be given access to information contained in University administrative and/or academic computer systems solely for the purpose of fulfilling my official job duties. I agree to keep all information in a manner that is appropriate to its content and to keep any personally identifiable information confidential, kept out of public view, and stored in a secure location/form whether it is in paper copy, contained in software, visible on screen displays, in computer readable, or any other form.

I understand I am solely responsible for my use of this information, including its disclosure to others. I therefore agree not to re-disclose or provide access to this information except as authorized by my job duties and in compliance with federal and state laws and University policy. Neither curiosity nor personal relationships provide a basis for any breach of confidentiality.

By signing the Account Reviewer Access form, I acknowledge I am an authorized Reviewer of the

assigned Purchasing Card account(s), and that I will take steps to maintain the security, confidentiality, and integrity of any information accessed by me. These steps include protecting the confidentiality of my password to ensure others may not use it to access my account.

I have read the University of Maryland Guidelines for the Acceptable Use of Computing Resources available at <http://www.umd.edu/aug>. I have had the opportunity to have my questions regarding these Guidelines, or my access to and use of the Information answered.

I understand providing Information for unauthorized uses or otherwise violating University confidentiality policies relating to the information may result in disciplinary action, including my dismissal and prosecution under applicable federal or state laws. If I am a student employee, I understand that misuse also may result in a referral to the Student Judicial Board.

By signing this form, I verify I have read and understood this form, and agree to comply with its contents.

Reviewer Information

Name:	_____	Name:	_____
Phone	_____	Phone	_____
Number:	_____	Number:	_____
Email:	_____	Email:	_____
U ID Number:	_____	U ID Number:	_____
Signature:	_____	Signature:	_____

*If adding more than two Reviewers, please fill out additional forms.

Approved by:

Department Head Name/Title (Print or Type)

Department Head Signature/Date

Once completed, send this request to Department of Procurement and Strategic Sourcing via campus mail 2113R Chesapeake Building, fax (301) 314-9565 or email pcard@umd.edu.