PALCard Reconciler Agreement

Fill out & email to PALCard@uci.edu

Name of Reconciler: __________________________________________________________________________

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

<table>
<thead>
<tr>
<th>Last name</th>
<th>First name</th>
<th>Primary Reconciler</th>
<th>Backup Reconciler</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

➢ 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 _______________

Revised 4/24/23