



STATE OF FLORIDA PURCHASING CARD PROGRAM WORKS USER AGREEMENT FORM

ACCOUNTHOLDER, APPROVER, ACCOUNTANT AND AUDITOR

BY SIGNING THIS FORM, THE USER/ACCOUNTHOLDER ACKNOWLEDGES THE CONDITIONS UNDER WHICH ACCESS TO THE WORKS PURCHASING CARD MANAGEMENT SOLUTION IS GRANTED, AND AGREES TO THE FOLLOWING TERMS OF USE:

- 1) I understand that my User Name and Password are for my use only, and shall not be shared with any other individual.
- 2) I understand that I have been given access to sensitive information and will not use or share this information with any other individual.
- 3) I understand that if I attach documents to PCard transactions, I agree to redact all confidential information (such as account numbers or social security numbers), to attach appropriate and pertinent documents only, and will ensure the documents are legible.
- 4) I agree to ensure that all transactions are valid obligations of the State of Florida.
- 5) I agree to inform the Scoped Administrator of any unusual activity, including suspicious transactions, account misuse or abuse.
- 6) I agree to process or review only those transactions in groups and roles that have been assigned to me by the Scoped Administrator, and authorized by my Supervisor.
- 7) I agree to notify the Scoped Administrator when my access to Works is no longer needed.
- 8) I agree to complete any required training to ensure transactions are being processed in accordance with procedures and in a timely manner. I will ask questions to clarify my understanding of the requirements of the Works Purchasing Card Management Solution.
- 9) I understand that under no circumstances will I use Works for personal gain or for the personal gain of others. Willful actions for personal gain, unauthorized access, or unauthorized use of information contained in Works may result in disciplinary actions up to and including termination of employment and prosecution to the extent permitted by law.

AS A USER OR AN ACCOUNTHOLDER, I ALSO AGREE TO THE TERMS RELATED TO THE APPROVER, ACCOUNTANT, OR AUDITOR ROLE. (Please check the Role that applies below).

THE APPROVER AGREES TO COMPLY WITH THE FOLLOWING ADDITIONAL TERMS:

- 1) I agree that I am the Accountholder's supervisor, in the direct line of supervision of the Accountholder, or a manager with direct knowledge that the transaction is in compliance with law and is a valid obligation of the State of Florida.
- 2) I agree to open and review transaction documents to ensure that the appropriate receipts and documentation are attached and legible.
- 3) I agree to review the description and all general ledger values assigned to each transaction for accuracy.
- 4) I agree to flag any transactions that need to be corrected or adjusted.
- 5) I agree to sign off on transactions that have been reviewed and are correct.

This form must be signed by the Accountholder, Approver, Accountant and Auditor, and his/her Supervisor, prior to receiving access to Works.

- 6) I agree to ensure that the State of Florida is reimbursed for personal charges made by the Accountholder.
- 7) I agree that I will not delegate my Approver authority to another employee nor approve transactions as a delegate.

THE ACCOUNTANT AGREES TO COMPLY WITH THE FOLLOWING ADDITIONAL TERMS:

- 1) I agree to open and review transaction documents to ensure that the appropriate receipts and documentation are attached and legible.
- 2) I agree to review the description and all general ledger values assigned to each transaction for accuracy.
- 3) I agree to verify that a valid Employee ID is in the Sub-Vendor field prior to processing any travel related transactions for payment.
- 4) I agree to flag any transactions that need to be corrected or adjusted.
- 5) I agree to check the Flagged queue for transactions that were returned from FLAIR.
- 6) I agree that I will not sweep any transactions.
- 7) I agree to close transactions that have been reviewed and are correct. I understand that closed transactions are submitted to FLAIR for payment.

THE AUDITOR AGREES TO COMPLY WITH THE FOLLOWING ADDITIONAL TERM:

- 1) I agree to open and review transaction documents to ensure that receipts and appropriate documentation are attached and legible, confidential and sensitive information has been redacted, and to follow the guidelines established to conduct the Monthly Compliance Review if designated as an Auditor for that purpose.

User's Name (Print)

Supervisor's Name (Print)

User's Signature

Supervisor's Signature

Date

Date

This form must be signed by the Accountholder, Approver, Accountant and Auditor, and his/her Supervisor, prior to receiving access to Works.