By signing below, I agree to the following with regards to all claims for payment submitted to the Auditor of State for goods and/or services obtained through the use of the State of Indiana Procurement Card and/or Travel Card program for cards issued by JP Morgan Chase Bank.

1) I understand that when I submit claims for payment to the Auditor of State, I am required to maintain all receipts and supporting documentation for each card assigned to my business unit.

2) I understand that in compliance with the guidelines set forth by the State Board of Accounts, these receipts shall be maintained for a period of ten years.

__________________________  ____________________________
Business Unit Number        Business Unit Name

__________________________  ____________________________
Program Administrator Name (Print)  Program Administrator Signature

__________________________
Date (month, day, year)