



**STATE COMPTROLLER PROCUREMENT/TRAVEL CARD
AGENCY AGREEMENT**

State Form 54809 (R / 7-23)

Approved by State Board of Accounts, 2011

Approved by State Comptroller, 2011

By signing below, I agree to the following with regards to all claims for payment submitted to the State Comptroller 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 State Comptroller, 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*)