



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

State Form 54809 (R2 / 4-26)

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.

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Business Unit Number

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Business Unit Name

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Program Administrator Name (*Print*)

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Program Administrator Signature

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Date (*month, day, year*)