



Public Employees Federation Application for Purchasing Authority



Application for purchasing authority (to be completed by the applicant)

Name _____

Street Address (not PO box) _____

Mailing Address _____

Phone Number _____

PEF Member ID _____

E-mail Address (not NYS e-mail) _____

I am requesting approval to expend funds on behalf of:

	<u># or name of department</u>	<u>office/title</u>
<input type="checkbox"/> Division	_____	_____
Region	_____	_____
PEF Statewide	_____	_____
PEF Department	_____	_____

I would like to use the following method of purchase:

Purchase Card OR Checkbook

Purchaser Agreement (to be signed by applicant)

I, _____, hereby request purchasing authority for legitimate PEF purposes. I understand that I will be required to complete a training session. In the event that I receive purchasing authority, I agree to comply with the following:

1. As a purchaser, I will comply with the terms and conditions of this agreement and the applicable provisions of PEF's Policy Manual (<http://www.pef.org/about/pef-documents/>) and any updates or additions to the Policy Manual. I acknowledge that I have read the applicable policies and confirm that I understand their terms and conditions.

As a purchaser, I will be responsible for the protection and proper use of PEF funds as outlined in this agreement, training documents, and the Policy Manual. I will ensure that PEF funds/purchasing authority, entrusted to me cannot be used by someone other than myself. I will not use PEF funds to make personal or non-union-related purchases. I will immediately report to the PEF Finance Director the suspected loss or theft of any PEF funds, Purchasing Card or Checkbook. I understand that PEF will audit the use of PEF funds. I will not use PEF funds for prohibited expenses as described in training documents, PEF's procedures as outlined in the PEF Policy Manual or in a manner inconsistent with any applicable Federal or State law.



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3. Improper use of PEF funds/purchasing authority entrusted to me may result in removal of privileges, union discipline and/or other actions, including legal action. I am ultimately responsible for any purchases made in my name. I understand that PEF will take whatever actions are necessary to recover improperly expended funds or improperly documented purchases.
4. I will notify the PEF Finance Director immediately when I am no longer serving in the same capacity in the union (e.g. at the end of my term or upon resignation or retirement).
5. I understand that persons convicted of certain crimes* may not hold any position in custody or control of labor organization funds or assets, and I will forfeit my purchasing authority immediately upon such conviction by notifying the PEF Finance Director.
 * see <https://www.dol.gov/olms/regs/compliance/504unionoffholdempl.pdf>
 short link to the same document: <https://goo.gl/4L8aTn>

This document is governed by applicable PEF policies and procedures and New York State and Federal Law.

Applicant Signature _____ Date _____

Initial approval (to be completed by the approver(s) listed below)

	<u>Approver(s)</u>
Division	Divisional & Regional Fiscal Analyst and PEF Director of Divisions
Region	PEF Secretary-Treasurer
PEF Statewide	Both the PEF President and PEF Secretary-Treasurer
PEF Department	The staff member's supervising Director

I (we) approve of _____'s application for purchasing authority.

Printed Name and Title	Signature	Date
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Printed Name and Title	Signature	Date
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Final approval (to be completed by PEF Director of Finance or designee)

PEF Director of Finance or designee _____

Date of Approval _____

Date of Expiration/Renewal _____