

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 fu	unds on behalf of:	
# or nan	me of department	office/title
[] Division		
[] Region		
[] PEF Statewide		
[] PEF Department		
I would like to use the following method Division councils must approve chang [] Purchase Card	ging from Checkbook	to Purchase Card (attach minutes). eckbook
Purchaser Agre	eement (to be signe	d by applicant)
I,, hereb		
purposes. I understand that I will will that I receive purchasing authority, I a	•	_

- 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.
- 2. 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



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- documents, PEF's procedures as outlined in the PEF Policy Manual or in a manner inconsistent with any applicable Federal or State law.
- 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) Approver(s) Division The division's steward council (attach meeting minutes) If there is not a steward council, PEF Secretary/Treasurer PEF Secretary/Treasurer Region 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 Printed Name and Title Signature Date Final approval (to be completed by PEF Director of Finance or designee)

PEF Director of Finance or designee	
Date of Approval	
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Date of Expiration/Renewal