

**STATE OF OREGON**  
**STATE P-CARD OF OREGON TRANSACTION SYSTEM (SPOTS)**  
**AGENCY OPERATING AGREEMENT**

The \_\_\_\_\_ (Agency) wishes to participate in the statewide SPOTS Purchase Card Program (Program) established by the Department of Administrative Services (DAS), the Program Administrator. By entering into this Agency Operating Agreement (Agreement), the Agency agrees to abide by the requirements of this Agreement and those described in the Master Credit Card Agreement (Contract) entered into by the Program Administrator and the bank. A copy of the Contract is available from DAS.

The Agency agrees to comply with all the guidelines specified in the Oregon Accounting Manual 55.30.00, *SPOTS Purchase Card Program*. The Agency further understands that the DAS policies set a minimum level of standards and controls relative to the Program activities. It is the responsibility and duty of the Agency to develop its own implementing policy and, further, to determine whether guidelines that are more stringent are necessary at the Agency. The Agency may establish and implement policies and procedures substantially similar if the Agency is not an Executive Branch agency or otherwise subject to DAS policy. The Agency understands that approval of such policies and procedures by the Program Administrator may be a prerequisite for participation in the Program.

By signing below, I acknowledge having read and understood this Agreement and agree to abide by all the terms.

\_\_\_\_\_  
Agency Head Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Agency Head Name

\_\_\_\_\_  
Phone

**DAS Approval to Participate in the Program:**

\_\_\_\_\_  
FBS Program Administrator Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed FBS Program Administrator Name

\_\_\_\_\_  
Phone



**SPOTS Approving Officer  
(Primary – required)**

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

**SPOTS Approving Officer  
(Alternate – optional)**

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

**SPOTS Coordinator  
(Primary – required)**

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

**SPOTS Coordinator  
(Alternate – optional)**

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

**Account Information (required)**

\_\_\_\_\_  
Bank Managing Account Name – 24 characters

\_\_\_\_\_  
Taxpayer Identification Number

\_\_\_\_\_  
Address 1

\_\_\_\_\_  
City

\_\_\_\_\_  
Agency/Organization Name – 21 characters  
(Embossed on all cards)

\_\_\_\_\_  
Address 2 (optional)

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP Code