

DICKINSON PUBLIC SCHOOLS CARDHOLDER EMPLOYEE AGREEMENT

Your signature below is verification that you have received the Purchasing Card and agree to comply with the following requirements:

1. I understand the card is for District/School use only, and I agree not to use the card for personal business.
2. Improper use of this card can be considered misappropriation of District funds. This may result in cancellation of Procurement Card privileges, reimbursement to the District for improper use, disciplinary action up to and including termination in accordance with applicable policy and law and possible criminal charges.
3. If the card is lost or stolen, I will immediately notify the card company and my Card Administrator.
4. All coaches will turn their card into the office after their season ends.
5. I agree to surrender the card immediately upon termination of employment.
6. The card is issued in my name. I am responsible for all charges against the card.
7. As the card is District property, I understand that I may periodically be required to comply with internal control procedures designed to protect District assets. This may include being asked to produce the card to validate its existence and account number.
8. I am responsible for submitting a purchase order, when able, prior to the purchase and obtaining a receipt for all transactions. Receipts must be turned in to the business office.
9. The District will receive a Monthly Statement, which will report all activity during the period. If a discrepancy is found, since I am responsible for all charges (but not for payment) on the card, I will resolve any discrepancies by either contacting the vendor or card company.
10. Requests for single transaction and/or monthly credit limit increases must be submitted, preferably by email, to the Business Office for approval.

I understand that the Dickinson Public School District does not authorize, permit or otherwise consent for me to obtain cash advances or to be issued checks from any Cardholder Account issued under this Purchasing Card Agreement. Further, I understand that in the event of an erroneous charge, return or other adjustment to the account, I must not accept cash as a refund; only a credit to the card account is acceptable.

I have been given a copy of the Dickinson Public School District Pcard Manual and understand the requirement for using the Pcard system.

Cardholder Signature_____ Date _____

Cardholder Printed Name_____

HPS Card Administrator Signature_____ Date _____