

Independent School District 196
Rosemount-Apple Valley-Eagan Public Schools
Educating our students to reach their full potential

Series Number 704.2.3.3P Adopted June 2007 Revised February 2015

Title Procurement Card Agreement

I, the undersigned, have completed **Procedure 704.2.3.2P**, Procurement Card Application for an Independent School District 196 Procurement Card and agree to abide by the terms and conditions relative to holding and using a Procurement Card in association with my employment responsibilities.

- I agree to limit the use of the Independent School District 196 Procurement card to purchases which are applicable to my employment with the District.
- I acknowledge and agree to abide by the Procurement Card limitations which include the type of products which may be purchased and the expenditure amounts allowed.
- I hereby agree to voluntarily surrender the Procurement Card if I use the card in violation of **Policy 704, Expenditures**.
- Upon termination of employment or reassignment with the District, I agree to surrender the Procurement Card to Independent School District 196 Administration and surrender all privileges associated with the card.
- I agree that purchases of personal items and services, constitutes unauthorized use of the Procurement Card.
- I agree that I am personally responsible for unauthorized charges made with the Procurement Card. Any unauthorized expenditures which remain unresolved in excess of thirty (30) days shall become subject to collection by the district.
- If the card is lost or stolen, I will immediately notify Harris Bank (1-800-361-3361) and the Procurement Card Program Administrator (651-423-7752) by telephone. I will confirm this information in writing by mail, e-mail or facsimile to the Procurement Card Program Administrator (fax 651-423-7788).
- The card is district property. I understand that I may be periodically required to comply with control procedures designed to protect district assets. This may include being asked to produce the card to validate its existence and account number.
- I will reconcile my statement online each month within seven (7) calendar days from statement availability. Statements are available on the 28th of each month.
- I am responsible for all charges (but not payment) on the card issued to me. I will resolve any discrepancies by contacting either the supplier or Harris Bank Customer Service (1-800-263-2263).
- I understand and agree that the district reserves the right to exercise card cancellation, wage garnishment, disciplinary action, termination of employment and criminal prosecution as a remedy for flagrant, excessive or unauthorized use of the Procurement Card, or for violation of the terms of this agreement.
- I have read **Procedure 704.2.3.1P**, Procurement Card Program Policy and Procedures Manual. I understand all of the policies and procedures contained in the manual and in this document and agree to comply with them.

Applicant's Signature		Employee ID #:	Date:
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The original document shall be retained by the Procurement Card Program Administrator. A copy will be placed in the Applicant's Personnel File and a copy should be retained by the Applicant.