

Walla Walla School District

Procurement Card Application & User Agreement

Please return completed and signed form to the Business Office P-Card Administrator

I understand the Walla Walla School District No. 140 has authorized my use of a District Procurement Card for authorized business expenditures on its behalf. In accepting and using the card, I agree to be bound by the terms and conditions, which follow:

- ◆ I will only use the card for the payment of authorized expenses on behalf of my Building/Department.
- ◆ I will not allow anyone else to use my card.
- ◆ I will not use the card for personal use or for any non-district purpose.
- ◆ I understand the card **shall not** be used for the following: cash advances, contracts, gifts/donations, gift certificates/cards, entertainment, meals (while in travel status), personal services agreements, salaries/wages/benefits, cell phones/pagers (without prior approval from the Business Office), room service/food charges, capital equipment (without prior approval), curriculum materials (without prior Curriculum Department approval), or technology capital equipment (without prior approval from the Technology Department, to assure compatibility with existing district systems and the ability of the district to provide technical support).
- ◆ I understand the credit limit for my card is \$ _____ **per month**.
- ◆ I understand that I am responsible to retain and provide appropriate documentation for credit card transactions charged to my card.
- ◆ I will review my monthly Account Statement to verify that all transactions listed match my receipts, and that I will notify the P-Card Administrator immediately of any discrepancies.
- ◆ I will submit a completed Procurement Card Transaction Summary to the P-Card Administrator monthly, prior to Accounts Payable bill cutoff. All charges listed on my monthly Account Statement will be included on my Procurement Card Transaction Summary.
- ◆ Prior to submission of the Procurement Card Transaction Summary to the P-Card Administrator, I will sign it and obtain my supervisor's signature indicating approval of all charges.
- ◆ I will surrender the card to my immediate supervisor, who, in turn, will surrender the Procurement Card to the Business Office P-Card Administrator in the event of my transfer or separation from the District.
- ◆ I will immediately report any stolen or lost card to BMO/Harris Bank and the Business Office P-Card Administrator.
- ◆ **I understand that any charges against the credit card not properly identified or not allowed by the District shall be paid by me by check, United States currency, or salary deduction. I further understand, in compliance with RCW 42.24.115, that any disallowed charges which are not repaid before the credit card billing is due and payable, the district shall have prior lien against and a right to withhold any and all funds payable to myself up to an amount of the disallowed charges and interest at the same rate as charged by the company which issues the Procurement Card. I further understand that any employee who has been issued a card shall not use the card if any disallowed charges are outstanding and shall surrender the card upon demand of the superintendent or designee.**

I understand that any variance and/or violation to the above conditions will result in cancellation of my card. Misuse of the card could result in discipline and/or personal liability for dishonored charges as acknowledged herein. Any District Procurement Card use is subject to examination by the State Auditor's Office. The District shall have unlimited authority to revoke use of any Procurement Cards issued and upon such revocation shall not be liable to any cost subsequently charged to the Procurement Card.

Acknowledgement that the Card Supervisor and the Card Custodian have read the Procurement Card Manual and comply with all the procedures and policies contained in the manual and any revisions and updates made to it.

I HAVE READ AND UNDERSTAND THE ABOVE CONDITIONS

P-Card Custodian Name: _____	Date of Birth: _____
P-Card Custodian Signature: _____	Date Signed: _____
Building/Department Name: _____	Default Budget Code: _____
P-Card Supervisor Signature: _____	Date Signed: _____

For Business Office Use
Authorized Signature: _____