

PURCHASE CARD APPLICATION FORM

The Purchase Card account is a Board authorized financial institution account which facilitates frequent, low value, purchases by district employees with individual purchase cards.

New Cardholder Request Details (Principal/Manager to complete):

Employee Name: _____

Employee Location: _____

Default General Ledger Code: _____

Reason(s) Card Required (Principal/Manager to complete):

Cardholder Responsibilities:

- Ensuring purchases are in accordance with district policies/procedures (see **Purchasing Procedure 6.3.1**).
- Monthly reconciliation, including verification of all charges and submission of statement and receipts by required deadlines (instructions are communicated monthly).
- Safeguarding the card and preventing unauthorized access and charges to the account.
- Notifying the financial institution and Purchasing Services immediately if a card is lost or stolen.
- Notifying the financial institution and Purchasing Services about disputed charges in a timely manner.
- Notifying Purchasing Services of any changes in assignment, or other changes that may impact the account.

Limits:

The default credit limit per card will be \$1,500 *per transaction* and \$5,000 *per month*.

A request to change the credit limit must be submitted to the Purchasing department by the school administrator or department manager, stating the reason(s) for the request.

Card cancellation/suspension:

Purchase cards are provided at the discretion of the Secretary Treasurer (or delegate) and may be revoked or suspended as deemed necessary, including for the following reasons:

- Change in cardholder employment status.
- Change in cardholder assignment status.
- Suspected misuse or fraudulent use of the account.
- Non-compliance with district policies and regulations.
- Lost or stolen card.

By signing below:

- The Employee agrees to all conditions, procedures, and responsibilities detailed above and in **Administrative Purchasing Procedure 6.3.1**.
- The Budget Manager (Principal/Manager) grants the employee authorization to charge costs to their respective budget(s) and accepts responsibility for reviewing and approving the monthly transactions, receipts, and statements.

Employee:

Budget Manager:

District Finance Authorization:

Name: _____

Signature: _____

Date: _____

Once form is completed and signed by the Employee and the Budget Manager, please submit to Purchasing Services at the Board Office.