

COVINGTON COUNTY SCHOOLS VISA CARDHOLDER ACCEPTANCE FORM

I AGREE TO THE FOLLOWING CONDITIONS REGARDING THE USE OF THE COVINGTON COUNTY SCHOOLS PURCHASING CARD ASSIGNED TO ME FOR OFFICIAL SCHOOL DISTRICT BUSINESS ONLY.

1. I understand that I am being entrusted with a powerful and valuable tool and will be making financial commitments on behalf of the Covington County Board of Education (CCBOE) and will strive to obtain the best value for the District.
2. I have been provided a copy of the Purchasing Card Policy and Procedures and will use it to understand the Purchasing Card Program. I know where to call to ask questions about the Purchasing Card Program.
3. I agree to use the card exclusively for CCBOE approved purchases and will immediately reimburse the school system for purchases that are determined to be unallowable expenditures.
4. I understand that under **no** circumstances will I use the Purchasing Card to make personal purchases, either for myself or others. Willful intent to use the Purchasing Card for personal gain or unauthorized use may result in disciplinary actions up to and including termination of employment and prosecution to the extent permitted by law.
5. I agree to be the sole user of the Purchasing Card and am responsible for all charges made against the card.
6. I will follow Alabama Law, purchasing policies of the CCBOE, and the established guidelines for using the Purchasing Card. Failure to do so may result in either revocation of my card privileges or other disciplinary action.
7. I understand that all cards have three limits: single, daily and monthly purchase limits. These limits are subject to change at the discretion of the CSFO and Superintendent.
8. I understand that my level of authority, as stated in the Purchasing Card Policy and Procedures, is for tax-exempt materials purchases and travel related expenses only.
9. I agree to obtain a legible receipt with an itemized listing for each purchase made with the Purchasing Card. If the receipt is not legible, I agree to immediately reimburse the school system. I further agree to submit a VISA Purchasing Card Summary Form, along with all receipt within seven (7) business days of the transaction and will verify all expenditures with the monthly statement within seven (7) business days after statement cut off date.
10. I agree to inform merchants that purchases made with the Purchasing Card are exempt from Alabama sales taxes. I further agree to reimburse the school system for sales taxes charged on the card.
11. I understand that splitting payments will be considered abuse of the Purchasing Card Program.
12. I understand that a lost or stolen card must be reported **immediately** by calling 1-888-934-1087. A report of the lost or stolen card must also be made to the CSFO by the beginning of the next business day. I agree to pay a fee of \$25 to replace a lost or stolen card.
13. I understand that I must surrender my card upon termination of employment or transfer, and that no further use of the card will be authorized after that time.
14. I understand that, should I violate the terms of the Agreement, I will be subject to disciplinary action up to and including termination of employment and that I will reimburse the CCBOE for all incurred charges and any costs related to the collection of such charges.

EMPLOYEE SIGNATURE

DATE

EMPLOYEE PRINTED NAME