



Activate Card & Create PIN

- Call 1-800-932-0036 - Enter the 16 digit account # on the card.
- You will be asked for the card's unique ID.
- ❖ Staff Cards – The unique ID will be the last 4 numbers of their Employee ID.
- ❖ Generic School Cards – The unique ID will be x001 for P-Card A, x002 for P-Card B, etc. The x represents the **last** digit of your department number, i.e., AHS is 0001. Card A's unique # will be 1001. SSE is 0050. Card A's unique # will be 0001.

PURCHASING CARD CARDHOLDER AGREEMENT
Requirements for Use

The Purchasing Card is to be used only to make purchases at the request of and for the legitimate business benefit of Horry County Schools. The Purchasing Card issued is non-transferable between employees or school/departments and shall not be loaned to any person nor used by any person other than the named Cardholder.

The Purchasing Card must be used in accordance with the provisions of the Purchasing Card Program established guidelines and the Procurement Code and Regulations of Horry County Schools.

Violations of these requirements may result in revocation of use privileges and/or disciplinary action up to and including termination of employment. Employees who are found to have inappropriately used the Purchasing Card will be required to reimburse the Horry County Schools for all costs associated with such improper use.

I, the undersigned, understand that I must use the Procurement Card assigned to me in accordance with all rules, regulations, and guidelines as may be updated and disseminated by Horry County Schools via the website or other method and am responsible for any abuse or misuse of said Procurement Card, which may result in disciplinary action up to and including termination of employment.

The enclosed card is a: New Card Renewal Card Replacement Card

Purchasing Card Account Number: _____

Purchasing Card Expiration Date: _____

Credit Limit Per Transaction: \$2500

Purchasing Card Issuance Date: _____

Cardholder Printed Name: _____

Printed Location: _____

Cardholder Agreement Signature: _____

Witness of Cardholder Signature: _____

Card Receipt/Agreement Date: _____

Return or email signed form to the District Office:
Crystal Gerald – Fiscal Services – cgerald@horrycountyschools.net