Purchasing Card Holder Employee Agreement

Initial before each statement to verify you have read and agree to comply with the following requirements:

Initial	
	I will activate, sign, and safeguard my Bismarck Public Schools Purchasing Card. If the card is lost or stolen, I will immediately notify the BPS Accounting Department at 323-4066.
	I understand the card is for District business use only as limited by policy and ND Century Code. I agree not to use the card for personal business, including, but not limited to, alcohol, tobacco products, or unallowable expenses. Any incidental personal charges must be reimbursed to the District.
	Improper use of this card can be considered misappropriation of District funds. This may result in removal of Purchasing Card privileges, reimbursement to the District for improper use, and disciplinary action up to and including termination and possible criminal charges.
	A monthly summary including all of my charges on the card will be sent to me from Accounting. The monthly summary must be verified, confirming all charges are correct and appropriate. Receipts for all transactions must be uploaded to SharePoint and approved by my supervisor and the Accounting Department.
	The card is issued in my name. I am responsible for all charges on the card and for obtaining a receipt for all transactions. Since I am responsible for the charges on my card being correct, I will resolve any discrepancies by either contacting the vendor or credit card company.
	A tax-exempt number is on the card. I am responsible for ensuring sales tax is not charged on tax exempt purchases. If tax is charged on a purchase I made with the card, I am responsible for either receiving a refund from the vendor for the sales tax charged, or reimbursing the District personally for the tax charge.
	I will not pay tips. (Only mandatory gratuities charged by the service provider are allowable.) Gift cards are not allowed to be purchased with my p-card. Payment of either of these items will require repayment to the District.
	As the card is District property, I understand that I may be periodically required to comply with internal control procedures designed to protect District assets.
	Purchases of any item requiring formal bidding under NDCC 15.1-09-34 or Ch. 48.01.2 may not proceed without necessary formal bidding procedures prior to authorization.
	I agree to return the card to the District immediately upon termination of employment.
	I understand that Bismarck Public Schools does not authorize, permit or otherwise consent for me to obtain cash advances or to be issued checks from any Cardholder Account issued under this Purchasing Card Agreement. Further, I understand that in the event of an erroneous charge, return or other adjustment to the account, I must not accept cash as a refund; only a credit to the card account is acceptable.

Sign this form to indicate you understand you must comply with the requirements listed above. If you do not wish to comply return the card.

Cardholder Printed Name _____

Cardholder Signature _____ Date _____

End of Bismarck Public School District Exhibit HCAG-E1 Adopted: 4/11/2024