

Processor Signature/details: _____ Card Name: _____

Profile Return Date: _____ Card Number: _____

SUFFOLK PUBLIC SCHOOLS PURCHASING CARD EMPLOYEE AGREEMENT

By signing the agreement below, I acknowledge receipt of, agree with and understand Suffolk Public Schools' Purchasing Card Guidelines and Procedures. Further, I agree to the following terms and conditions regarding the use of my card:

1. I understand that I am only authorized to make purchases in the amount and for the period of time listed below.
2. I understand that I am being entrusted with a valuable purchasing tool, will be making financial commitments on behalf of Suffolk Public Schools and I will strive to obtain the best value for Suffolk Public Schools.
3. I understand that Suffolk Public Schools is liable for all charges made on the card, except for charges made by an unauthorized user or unauthorized charges, and that I will be responsible for all charges made against the card.
4. I agree to use this card for approved purchases only and agree not to charge personal purchases. I understand that Suffolk Public Schools will review the use of this card and the related management reports and take appropriate action on any discrepancies.
5. I will follow the established procedures for the use of the card. I acknowledge that failure to do so may result in either revocation of my privileges or other disciplinary actions, including and up to termination of employment.
6. I agree to provide itemized receipts for all purchases made on the purchasing card. I understand that failure to do so may result in being held personally responsible for payment.
7. I agree to return the card to Purchasing **immediately**, along with the itemized receipt(s), after the timeframe approved for use by my Department Head.
8. I agree to notify Bank of America **immediately** by calling 1-888-449-2273 if the card is lost or stolen, followed by notifying Purchasing and my Department Head.

Staff Name: (Print) _____

Signature: _____ Date: _____

Department Head Signature: _____ Date: _____

Authorized Amount: _____ Dates of Use: _____

Vendor Name: _____

To Be Used For: _____

Account number: _____

***Account numbers must be listed on this form prior to receiving the card**

***Please return card with itemized receipts to Robin Booth in Purchasing immediately after use.**

Card returned on: _____ Verified by: _____