



MISD P-Card User Agreement

By accepting this card, I acknowledge that I have read, understand, and agree to comply with all provisions of the Manor ISD Purchasing Guidelines and District Purchasing Card procedures. As a cardholder, I understand that I am being entrusted with the responsibility of making financial transactions on behalf of Manor ISD. I agree to use sound judgment, exercise discretion, and seek the best value for the District in all purchasing activities.

Cardholder Responsibilities

1. I agree to use the District Purchasing Card strictly for official, approved, work-related expenses. I understand that any misuse or abuse of the card may result in revocation of card privileges, disciplinary action, and possible termination of employment.
2. I understand that the following actions constitute violations of District policy, including but not limited to:
 - a. Purchasing items for personal use or non-district purposes
 - b. Failing to submit required documentation and detailed receipts for each transaction in a timely manner
 - c. Purchasing from unauthorized vendors
 - d. Purchasing gift cards of any kind Purchasing food or meals for unapproved meetings or events
 - e. Paying sales tax on purchases (tax-exempt status must be used)
 - f. Paying invoices for independent contractors
 - g. Making purchases from Amazon using the District card
 - h. Making purchases from vendors in which I have a financial interest
3. I agree to return the Purchasing Card immediately upon request or upon separation from the District (including resignation, retirement, or termination of employment).
4. I understand that if the card is lost or stolen, I must immediately notify:
 - a. U.S Bank at 1-800-344-5696
 - b. Manor ISD Program Administrator via email or phone
5. I understand this agreement must be signed and renewed annually for continued use of the District Purchasing Card.

Acknowledgement

By signing below, I acknowledge that I have read, understand, and agree to comply with all terms and conditions outlined above.

Employee Signature: _____ Date: _____

Employee Printed Name: _____ Date: _____

Department/Campus: _____