



Student Travel P-Card User Agreement

I, _____, request the issuance of a Manor ISD Student Travel Purchasing Card. 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 Student Travel P-Card procedures. As a cardholder, I understand that I am entrusted with the responsibility of making authorized travel-related purchases on behalf of Manor ISD. I agree to use sound judgment, act responsibly, and ensure that all expenditures align with approved student travel purposes and represent the best value for the District.

Cardholder Responsibilities

1. I agree to use the Manor ISD Student Travel Purchasing Card solely for official, pre-approved, travel-related expenses. I understand that any misuse or abuse of the card may result in the revocation of card privileges, disciplinary action, and potential consequences as determined by District policy
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 within 5 days of my return from travel.
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 Administrators: Chrissie.Bryant@manorisd.net or Vanelly.Gutierrezperez@manorisd.net 512-278-4032
5. I will submit itemized receipts and supporting documents within 10 days of returning from the trip. Any unsupported charges become my personal responsibility, payable within 5 days of notification from the Purchasing Department.

Acknowledgement

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

Employee Name (Printed)

Employee Signature

Department/Campus

Date

Card Information:

a. Card Number: _____

b. Credit Limit: \$ _____

Card Return Confirmation:

a. Date of Return: _____

b. Received By: _____