# Community ISD
# Employee Purchasing Card (P-Card) Agreement

I hereby acknowledge receipt of a Community ISD Purchasing Card (P-Card) for authorized District business purposes only. By signing this agreement, I acknowledge that I have received, read, and agree to comply with the Community ISD Purchasing Card Policies and Procedures, Board Policy CH, the Community ISD Fiscal Manual, and all applicable purchasing requirements.

**1.** The Purchasing Card may only be used for approved District business purchases and may only be used by the authorized cardholder.

**2.** All purchases must have prior approval and a properly approved purchase order before the transaction is made.

**3.** I am responsible for safeguarding the card and all transactions made using the card.

**4.** I will obtain and submit detailed itemized receipts and all required supporting documentation within forty-eight (48) hours of the purchase or immediately upon return from travel.

**5.** Personal purchases, cash advances, alcohol, purchase splitting, or any unauthorized use of the card are strictly prohibited.

**6.** I will immediately report any lost, stolen, or compromised card to the Business Office.

**7.** I agree to return the Purchasing Card immediately upon request, transfer, extended leave, resignation, retirement, or termination of employment.

**8.** I understand that failure to comply with District purchasing procedures may result in suspension of card privileges, reimbursement obligations, disciplinary action up to and including termination of employment, and possible legal action.

I understand that the Purchasing Card remains the property of Community ISD and may be revoked at any time.

## Employee Information

**Employee Name:** _____

**Campus/Department:** _____

**Employee Signature:** _____

**Date:** _____

******* FOR FINANCE OFFICE USE ONLY******

**Approved Transaction Limit:** _____

**PO Number/Vendor:** _____

**Card # (last 4):** _____

**Date Issued:** _____

**Program Administrator Signature:** _____