



USD 308 PURCHASING CARD USER AGREEMENT

I, _____, hereby request a Heartland Credit Union Purchasing Card. As a Cardholder, I agree to comply with the following terms and conditions regarding my use of the Card.

1. I understand that I will be making financial commitments on behalf of Hutchinson Public Schools USD 308 and will seek to maximize the purchasing value of public funds. In an effort to do so, I will not use the card to obtain cash advances.
2. I understand that the District is liable to Heartland Credit Union for all charges made on this card.
3. I agree to use this Card for approved purchases only. Misuse or abuse of the Purchasing Card will result in revocation of the Card and appropriate disciplinary action that may include termination Policy violations include, but are not limited to:
 - Purchasing items for personal use, whether for myself or for others. **If I should have any personal items purchased on this card I will reimburse the District or the District may withhold the amount from my earning. I understand that there may be other disciplinary action taken.**
 - Using the Purchasing Card for purchases over the established limit;
 - Failure to return the Purchasing Card when reassigned, relocated, transferred, or terminated;
 - Failure to submit proper documentation with each monthly statement.
 - This card may only be used by the Cardholder. No other person is authorized to use this card.
4. I agree to return the Card immediately upon request by Supervisor or Program Administrator, or upon termination of employment (including retirement). Should there be an organizational change that causes my department to change, I agree to return my Card and arrange for a new one, if appropriate.
5. I understand that I will be responsible for the timely reconciliation of all credit card transactions charged to the card and I will provide appropriate documentation for all credit card transactions.
6. I agree that I will turn my reconciled log and documentation into the Building Editor according to the deadlines set each month.
7. If the Card is lost or stolen, I agree to notify Visa and the Business Office immediately.
8. *I acknowledge, by my signature, that I have received training in the proper use of the purchasing card; have received, read and understand the Purchasing Card Manual; and have read and understand this agreement. Date of Training _____ Initials: _____*
9. I agree that should I violate the terms of this agreement, I will reimburse Hutchinson Public Schools USD 308 for all charges incurred and any fees related to the collection of those charges.
10. **My signature below authorizes payroll deduction in the event that purchasing violations are not reimbursed within 10 days of written notification.**

Please type or print information clearly

SSN # _____

Building Name _____

Department Name _____

Phone Number _____

Building Mailing Address _____

Administrator/Supervisor Name _____

Strategy Code CST (see list)

Transaction Limit: \$ _____ Monthly Limit \$ _____ Yearly Limit (not required) _____

Employee Signature

Date

Administrator Signature

Business Office Use Only

Card Program Administrator Signature

Date