

PURCHASE CARD AGREEMENT



MASTERCARD PURCHASE CARD

Employee Information

First Name: _____

Middle Name: _____

Last Name: _____

Applicant PRSD email address: _____

Legal Address: _____ AB _____
Address (No Post Office Box) Town (City) Province PC

Home Phone number: ____ - ____ - ____ Business Phone Number: ____ - ____ - ____
ext. _____

Date of Birth: Day ____ Month ____ Year ____

Monthly Limit: _____ Single Transaction Limit (if different from monthly limit): _____

Embossing (School/Facility Name): PRSD- _____

Company Number: 587 Division/School Facility Code: _____

Accounting default Code: ____ - ____ - ____ - ____ - ____ - ____ - ____ - ____ - ____ - ____

Employee Signature: _____ Date: _____

By signing this application, you agree to the terms and conditions set out by Peace River School Division for all PRSD Mastercard cards.

Principal/Department Manager Approval: _____ Date: _____

Secretary-Treasurer or designate: _____

Date: _____

Company Name: Peace River School Division
Address: P.O. Box 380, 4702 – 51 St., Grimshaw, AB. T0H 1W0
Company Phone Number: 780-624-3601

The Purchasing Card represents the Division's trust in you. You are empowered as a responsible agent to safeguard Division assets. Your signature is verification that you agree to comply with the Purchasing Card guidelines, as well as the following responsibilities.

1. I understand the card is for Division approved purchases only, and I agree not to charge purchases outside the parameters described in the Purchasing Card Guidelines and Administrative Procedure 516.
2. Improper use of this card can be considered misappropriation of Division funds. This may result in disciplinary action, up to and including termination of employment.
3. If the card is lost or stolen, I will immediately notify the US Bank (Royal Bank) and the Director of Business Services by telephone. I will confirm the telephone call with a written notice sent by email to the Director of Business Services.
4. I agree to surrender the card immediately upon termination of employment, whether for retirement, voluntary or involuntary reasons.
5. The card is issued in my name. I will not allow any other person to use the card. I am considered responsible for any and all charges against the card.
6. All charges will be billed directly to and paid directly by the Division. The US Bank (Royal Bank) cannot accept any monies from me directly; therefore any personal charges billed to the Division could be misappropriation of company funds.
7. As the card is Division property, I understand that I may be periodically required to comply with internal control procedures designed to protect company assets. This may include being asked to produce the card to validate its existence and account number. I may also be asked to produce receipts and statements to audit its use. I will obtain and submit appropriate receipts for all purchases charged against the card.
8. I will register for and review the Monthly Reconciliation Statement, which will report all activity during the statement period. Since I am responsible for all charges (but not for payment) on the card, I will resolve any discrepancies by either contacting the supplier or the US Bank (Royal Bank).
9. I understand the Purchasing Card is not necessarily provided to all employees. Assignment is based on my need to purchase materials for the Division. My card may be revoked based on change of assignment or location.

By signing this Agreement, you are confirming that you have read the above, that you understand the above and that you are in agreement with the above.

Employee Signature _____ Date _____

Adopted/Revised: JUN 2016/NOV 2019/SEP 2022/DEC 2022
Reference: Section 52, 53, 68, 196, 197, 204, 222, 225 Education Act