

Granite Falls School District Procurement Card Purchase Request and Agreement

Card # _____

Date Submitted: _____

Requestee Name: _____

Location: _____

Vendor Name: _____

Purpose of Purchase: _____

Account Code: _____

Total Estimated Request: _____

Requestee Signature: _____

Supervisor/Principal Signature: _____

Director of Business Signature: _____

IMPORTANT NOTICE

By signing the Memorandum of Understanding on the back and submitting this form you agree that the requested funds will be used for the purposes stated in this form. Failure to provide detailed receipts in a timely manner will result in a paycheck deduction to cover the amount of funds expended.

Special Request _____

Date of Use _____

Date: _____

Date: _____

Date: _____

**Granite Falls School District #332
USER AGREEMENT - DISTRICT-ISSUED PURCHASING CARD**

I understand the Granite Falls School District has authorized my use of a district purchasing card for authorized business expenditures on its behalf. In accepting and/or using the card, I agree to be bound by the terms and conditions that follow.

- I will use the card issued to me only for the payment of authorized expenses on behalf of my department/location, which will include supplies, instructional materials, equipment, lodging, meals, subscriptions, registrations and misc. travel arrangements.
- I will not use the card to obtain cash advances.
- I will not allow usage by an unauthorized individual.
- I will not use the card for personal use or for any other nondistrict purpose.
- I understand the card shall not be used for the following: salaries/wages, gifts (including flowers and meals for employees), donations to charity, personal services, personal travel, and contracts for services.
- I understand that I will be responsible for reconciling the monthly statement, and that all receipts and appropriate documentation will be submitted to the account department with signed log sheets on a monthly basis.
- I will surrender the card to the accounting department in the event of my transfer or separation from the district.
- I will immediately report any stolen or lost card to the bank card company and the accounting department.
- I understand that any charges against the purchasing card that are not properly identified or not allowed by the district shall be paid by the employee incurring the charges. They will be paid by check, United States currency, or salary deduction. I further understand in compliance with RCW 42.24.115, that any disallowed charges which are not repaid before the purchasing card billing is due and payable allows the district to place a lien against and have a right to withhold any and all funds payable to me up to the amount of the disallowed charges plus interest at the same rate as charged by the purchasing card company until the charges are paid. I further understand that any employee who has been issued a card shall not use the card if any disallowed charges are outstanding and shall surrender the card upon demand of the superintendent or designee.
- I understand that any variance and/or violation of the above conditions will result in cancellation. Misuse of the card could result in discipline and/or personal liability for the dishonored charges.

- Any district purchasing card use is subject to examination by the state auditors' office.
- The district shall have unlimited authority to revoke use of any purchasing cards issued and upon such revocation shall not be liable for any cost subsequently charged to the purchasing card.

I HAVE READ AND UNDERSTAND THE ABOVE CONDITIONS

Signature

Print Name

Title / Location

Credit Card (last 4)

Date

One signed copy stays with the accounting department and the cardholder receives a copy