

PURCHASING CARD NEW ACCOUNT APPLICATION/AGREEMENT

TO ADD NEW ACCOUNT

Complete all fields marked with a .

CARD INFORMATION

Last Name – up to 20 characters (Embossed on card)

_____ _____
First Name – up to 12 characters (Embossed on card) Middle Initial – (if you want embossed on card)

_____ - _____ - _____
Employee Social Security Number

Canyons School District

School or Department

Address

City Zip Code w/Zip +4 if known

() _____ () _____
Work Telephone Home Telephone

E-mail Address

Default Accounting Code

\$ _____ \$ _____
Default monthly credit Limit Default single transaction Limit

AUTHORIZATION

Employee Signature

Date

Please read and review the back of this form before signing

Manager/Supervisor's Signature

Date

FOR PURCHASING DEPARTMENT USE ONLY

Gary O. Hansen – Director of Purchasing

Date approved

Date entered and by whom

Date card received from bank

Date card sent to card holder

UNIT

This section will be filled in by the Purchasing Department

U.S. Bank Company Number – Unit – Agent – Company - .

Division _____ Department _____

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Cardholder Agreement Form - Official Agreement to use the Districts' Visa® Purchasing Card

The U.S. Bank Visa® Purchasing Card represents our school district's trust in you. You are empowered as a responsible agent to safeguard school district assets. Your signature on the front of this form is verification that you have read the District's policies and procedures and agree to comply with them as well as the follow responsibilities:

1. I understand the card is for school district approved purchases only, and I agree not to charge personal purchases.
2. Improper use of this card can be considered as misappropriation of school district funds. This may result in disciplinary action up to and including termination of employment and prosecution to the fullest extent of the law allowed.
3. If the card is lost or stolen, I will immediately notify U.S. Bank by telephone (1.800.344.5659). I will confirm the telephone call by mail or facsimile with a copy of the notification to the Purchasing Card Program Administrator.
4. I agree to surrender the card immediately upon request.
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 by the District office.
7. As the card is school property, I understand that I will be required to comply with internal control procedures designed to protect district assets. This may include being asked to produce the card to validate its existence and account number. I will produce a monthly log and attach all receipts for all purchases to document use.
8. I will receive a Monthly Reconciliation Statement (if card is used during billing cycle), which will report all activity during the statement period. Since I am responsible for all charges on the card, I am responsible to resolve any and all discrepancies.
9. The charges made against my card are automatically assigned to the cost center assigned to the card as specified by management. This code cannot be changed without management involvement. When changed, the new accounting code will not affect any charges made prior to the change, but will affect future charges.
10. I understand the U.S. Visa® Purchasing Card is not necessarily provided to all employees. Assignment is based on my need to purchase materials for the business. My card may be revoked based on change of assignment or location. I understand that the card is not an entitlement nor reflective of title or position.