

Bank ID # _____ - _____ - _____

Card # _____

Choose One:	
<input type="checkbox"/>	ASD Employee
<input type="checkbox"/>	Volunteer

Alpine School District Purchasing Card Application

Applicant Information

Name: _____ Location: _____

Business Phone: _____ Home Phone: _____

Purchasing Card Agreement on the reverse side of this application must be read, signed, and dated by Applicant.

To Be Completed By Site Administrator

Site Transaction Limit \$ _____ Monthly Limit \$ _____

Food
 Travel

Variations From Standard Vendor Restrictions _____

Site Supervisor Approval _____ Date _____

Site Administrator Approval _____ Date _____

To Be Completed By Purchasing

PCard Administrator Approval _____ Date _____

Deactivation Date _____ By _____

Purchasing Department Signature

Date Returned _____ To _____

Purchasing Department Signature

Revised 3/17/11

***PURCHASING CARD AGREEMENT ***

I, the undersigned, hereby make application for the use of an Alpine School District Purchasing Card, and agree to abide by the terms and conditions relative to my employment responsibilities.

1. I agree to follow the Required Approval/Purchasing Process Guidelines as outlined in the ASD Procedures Manual. (Accts. Pay/Purch – pg.11)
2. I acknowledge and agree to abide by the Purchasing Card limitations which include the type of products which may be purchased. (Purch.Card-2, “Acceptable and Unacceptable Purchasing Card Uses”)
3. I agree to voluntarily surrender my rights to use a Purchasing Card if charges exceed the spending limits and product restrictions associated with the card, or if I use the card in violation of the Utah State Ethics Code. (Utah Code Annotated 67-16-1997)
4. I am personally responsible for all unauthorized charges made with the Purchasing Card issued to me, or checked out and in my care. Any unauthorized expenditures which remain unresolved in excess of ninety (90) days shall become subject to collection by the District.
5. I understand the District reserves the right to exercise card cancellation, wage garnishment, disciplinary action, termination of employment and/or criminal prosecution as a remedy for flagrant, excessive or unauthorized use of the Purchasing Card, or for violation of the terms of this agreement.
6. I understand the Purchasing Card is District property. If a card is issued in my name, I may be periodically required to comply with control procedures designed to protect District assets. This may include being questioned regarding purchases, or to produce the Purchasing Card to validate its existence and account number.
7. If a Purchasing Card is checked out and in my care, I will fill out a “*Request to Purchase*” form, if appropriate, and have it signed by the principal or designee prior to the purchase.
8. If a Purchasing Card is checked out in my care, I agree to return the Purchasing Card and all receipts/invoices to the Site Supervisor within 24 hours unless prior arrangements have been made. (A telephone confirmation number will not be accepted as sales receipt.)
9. I understand, if a Purchasing Card is issued in my name, I will receive a monthly reconciliation. It is my responsibility to reconcile the statement and return all required documentation to my Site Supervisor within a timely manner.
10. I understand it is my responsibility to resolve any disputes resulting from my purchases. I will make sure the appropriate credit is given/received on all items returned.
11. I will not pay sales tax for school supplies or services. If sales tax is charged, I may take the Purchasing Card back to the vendor and have the sales tax removed, or pay for the sales tax from personal funds. If a purchase is made for the Faculty Sunshine program, I will pay the appropriate sales tax.
12. If the Purchasing Card is lost or stolen, I will immediately notify US Bank at (1-800-344-5696). I will also notify my Site Supervisor and the District Purchasing Department as soon as possible.
13. Upon termination of employment from the District, I agree to surrender the Purchasing Card to Alpine School District, and surrender all privileges associated with the card.
14. I have read the ‘Alpine School District Purchasing Card Training Manual’. I understand and will comply with all policies and procedures contained in the manual and this agreement.

APPLICANT’S
SIGNATURE _____

DATE _____

Purchasing Card Dispute Form

To: U.S. Bank
Attn. Disputes
P.O. Box 6343
Fargo, ND 58125-6343
Phone: 1-800-344-5696
Fax: Attn. Disputes 1-866-229-9625

School / Unit Name: _____

Phone Number: _____

Card Name: _____ Card Number: _____

Note: Contact the merchant before submitting this form. Include the name of the person with whom you discussed this matter and their response.

Name of Purchaser: _____

Date of Transaction: _____

Merchant's Name: _____

Reference Number: _____

Dollar amount of Transaction: _____

Please check one of the following:

_____ Credit not posted (enclosed copy of credit voucher or return merchandise receipt)

_____ Duplicate posting

_____ Erroneous amount (provide supporting documentation indicating a correct amount)

_____ Erroneous charge (include phrases "neither made nor authorized" and "Purchasing Card in my possession at all times" in explanation)

_____ Other

Dispute Explanation: (include all contact with merchant and merchant's response)

Site Supervisor _____ Date _____

**ALPINE SCHOOL DISTRICT
MISSING RECEIPT FORM**

This form is to be used as documentation if the actual itemized detailed receipt, invoice, packing list or internet order screen print is unavailable for a transaction made on the Purchasing Card. It will be allowed only as a rare circumstance. It must be filled out COMPLETELY and then signed by the Site Administrator. Retain this form in place of the missing receipt.

<p>*Why is the original itemized detailed receipt, invoice or other appropriate substitute missing?</p>	
<p>*Site Administrator Signature of Approval:</p>	<p>Date:</p>

*Description	*Purpose	Cost
<p>Order Total \$ _____</p>		
<p>Alpine School District is <u>exempt from state tax</u> in most instances. Tax exempt # 11882990-016-STC</p>		

*Supplier Name	
Phone Number	
Supplier's City and State	
*Date order placed	
*Placed by	
Order placed with (name of supplier's representative)	

***Required Information**