



NC DEPARTMENT OF PUBLIC SAFETY

Employee Procurement Card Agreement

I, _____, hereby acknowledge that I have been issued a Procurement Card. As the holder of the card, I agree to comply with the following terms and conditions regarding my use of the card (please initial each box).

- _____ 1. I understand that I am being entrusted with a valuable tool - a Procurement Card - and will be making financial commitments on behalf of the Division.
- _____ 2. I understand that the Division is liable to the contracted bank for all charges made on the Procurement Card.
- _____ 3. I agree to use this Procurement Card for approved purchases only and agree **NOT TO CHARGE PERSONAL PURCHASES**. I understand there will be audits on the use of the Procurement Card and that management will take appropriate action in the event of Procurement Card misuse.
- _____ 4. I will follow established procedures for use of the Procurement Card. Failure to do so may result in disciplinary action up to and including dismissal, in accordance with divisional and Office of State Personnel (OSP) policy. **Submitting the required receipts/paperwork upon completion of each transaction is a mandatory step in the process to ensure facility accounts may be paid on time.**
- _____ 5. I have read and been trained on the Procurement Card Policy, and Requirements and Procedures (R&P) and understand the requirements for the Procurement Card's use. Card usage does not supersede any established State Purchasing or Contract rules. Items on State Term Contracts **MUST** be purchased from the contract.
- _____ 6. I agree to return the Procurement Card immediately upon request and/or termination of employment, including retirement.
- _____ 7. If the Procurement Card is lost or stolen, I will notify the Center Card Administrator and the bank **immediately**.
- _____ 8. I understand and will comply with the designated purchasing limits assigned to my card.

(Procurement Cardholder's Signature)

(Date)

(Division)

(Employee's Work Email Address)

Phone _____ Ext. _____

(Work Location Fax Number - include area code)

For Department Card Administrator Use Only

Authorized Dollar Limits

Transaction

Monthly

Department Card Administrator notes/comments, etc.