



Washoe County School District Department Cardholder Agreement

Washoe County School District is pleased to present your department with this department purchasing card. It represents the District's confidence in you and your department to safeguard and protect District assets.

As department chair/school principal, I agree that all users of this card will comply with the terms and conditions of this agreement and the stated provisions of the Purchasing Card Program Procedures Manual, made available to me, and/or the Student Activity Funds Procedures Manual as applicable. Failure to comply with these terms and conditions may result in either revocation of use privileges or other disciplinary actions, including discipline in accordance with the Washoe County School District policies, regulations, and procedures. I acknowledge receipt of the manual and confirm that I have read and understand its provisions. I understand that users of this purchasing card will be making financial commitments on behalf of the Washoe County School District and will strive to obtain the best value for the District. I also understand that the District is liable to Commerce Bank for all charges made with this card.

As the primary holder of this purchasing card, I agree to accept responsibility for the protection and proper use of this card as outlined in the procedures manual. I understand that the District **WILL** audit my use of this purchasing card. I understand that I **CAN NOT** use the purchasing card for the purchase of restricted goods or services specified in the Purchasing Card Program Procedures Manual and that the purchase of such restricted goods or services shall be deemed an improper use of the purchasing card. I agree to review all charges and submit the required paperwork in a timely manner.

I further understand that improper or fraudulent use of this purchasing card may result in disciplinary action and/or personal liability to the person using the card. Purchases made using the department purchasing card which are deemed improper or fraudulent will be the responsibility of the department and may require reimbursement or use of an alternate acceptable funding source.

I understand that the District may terminate this department's right to use the purchasing card at any time for any reason. I agree to return this card to the District immediately upon request or upon any organizational change that causes my assignment to change unless my replacement executes a Department Cardholder Agreement prior to my departure.

I hereby acknowledge receipt of purchasing card # _____ Exp Date: _____

Employee Signature

Department

Date

Printed Name