

Tightwad Fire Protection District

P-Cardholder Agreement Form

I, _____ (Employee Name), hereby acknowledge authorization to participate in the Tightwad Fire Protection District (District) P-Card Program. I agree to comply with the following terms and conditions relating to my participation in the P-Card Program.

1. I understand that I am being entrusted with a P-Card, a valuable tool that I will wisely and discretely use to obtain the best value for the District.
2. As an authorized P-Cardholder, I agree to comply with the terms and conditions of this Agreement and with the provisions of Purchase Cards Policy #884 for which I have read and understand its terms and conditions and have access to in electronic format.
3. I agree to use the P-Card assigned to me for official District business purchases only and understand that I will be held personally liable to the District for all prohibited purchases I make using the P-Card assigned to me, e.g., personal expenditures; cash refunds or advances; sales tax; ethanol alcohol; split purchases; etc.
4. I fully understand that improper or fraudulent use of the P-Card assigned to me will result in revocation of the P-Card and appropriate disciplinary action which may include termination of my employment.
5. I agree to substantiate every P-Card purchase made using the P-Card assigned to me by providing adequate source documentation, i.e., substantiation.
6. If there are unauthorized purchases on the P-Card assigned to me, I agree to repay the amount in its entirety, including any overdue fees and interest.
7. I agree to make every reasonable effort to resolve merchant disputes involving the P-Card assigned to me and agree to notify the District Treasurer as soon as possible of all unresolved merchant disputes involving the P-Card assigned to me.
8. I agree to immediately notify the District Treasurer if the P-Card assigned to me is declined—a potential indication of third-party fraud.
9. I agree to immediately notify the District Treasurer if the P-Card assigned to me is lost or stolen.
10. I understand that the District may terminate my right to use the P-Card assigned to me at any time for any reason. Should I qualify for extended leave or use of a P-Card is no longer necessary because of a change in my job duties, I also agree to immediately return any P-Card in my possession.

Agreed and accepted this _____ day of _____, 20_____.

Cardholder:

District:

SIGNATURE

DISTRICT TREASURER SIGNATURE

PRINT NAME

DISTRICT TREASURER NAME