



Cape Girardeau Public Schools Purchase Card Sign-Out Form



PURCHASE CARD USAGE AGREEMENT

Building/Location: _____ Date _____

Name: _____

Vendor Name: _____

PO Number: _____ Purchase Amount: _____

Purchase Card Used: _____

Purchase Description/Use: _____

I understand that the use of district purchase cards is a privilege. I have been informed of the District's policies and procedures on the use of purchase cards, and I agree to follow them. I understand and agree to only use the district purchase card for authorized district expenses. I will produce documentation for all expenses. I will not charge more to the card than authorized.

I will take all reasonable measures to protect district purchase cards against damage, loss, misuse and theft. I will not allow any other person to use the card provided to me. I will report fraud, theft, or misuse to the Chief Financial Officer immediately.

I understand that failure to follow district policies and procedures regarding purchase cards could lead to loss of the privilege of using the purchase card, discipline or termination, and that the District will also seek restitution for any loss.

Signatures:

Card User: _____

Purchase Card Custodian: _____

This form must accompany the documentation for each transaction when sent to Accounts Payable.