

SECTION 1: APPROVING OFFICIAL INFORMATION

NAME		TITLE	
EMPLOYEE ID		SCHOOL/DEPT	
EMAIL		WORK PHONE	

SECTION 2: CARDHOLDER INFORMATION

CARDHOLDER NAME		CARDHOLDER TITLE	
EMPLOYEE ID		EMAIL ADDRESS	
SCHOOL/DEPT		COST CENTER	
WORK PHONE		ALT PHONE	

SECTION 3: ACKNOWLEDGMENTS

By initialling each box and signing below:

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As an Approving Official, I certify that I understand that I must comply with the District's PCard Policy and Procedures. I understand that these policies are published on the District website and are accessible to me and the cardholder at anytime. I also understand that it is my responsibility to annually review the policy manual for any updates and changes.

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I certify that I will review and approve all transactions for each cardholder assigned to me within the designated timeframe, prior to the established deadlines, and ensure all purchases made by the cardholder on behalf of the District are for use by the District.

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I certify that I will review and approve all transactions to ensure the purchases comply with District policies and that no prohibited items have been purchased during the statement period. I will immediately report any prohibited transactions or fraudulent activity to the PCard Program Administrator.

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I certify that I understand that the standard purchase transaction limits are established as follows:
 - Single Purchase Limit \$2,500
 - Per Day Spending Limit \$2,500
 - Monthly Spending Limit \$5,000

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I certify that I understand that the PCard may not be used to purchase any fixed asset items. A fixed asset is any item with an individual cost of \$500 or more, including any shipping, freight, handling, or taxes.

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I certify that I understand that a fully approved Travel Authorization must be in place before any commitments or obligations are made for travel related expenses. I understand that the card will not be used to pay for conference registration fees, hotel accommodations, or transportation expenses until a Travel Authorization is approved.

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I certify that I understand that Authorized travel expenses are limited to:
 - Conference Registration fees
 - Hotel accommodations (room and tax only)
 - Air, bus, or rail transportation

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I certify that I will ensure all statement packets are forwarded to the Accounts Payable department for long term record retention. A statement packet consists of a print-out of the current statement and all original, itemized receipts for the statement period.

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I certify that I will notify the PCard Program Administrator of cardholders who are terminating employment, transferring to another department, or will be on an extended leave of absence.

SECTION 4: APPROVING OFFICIAL SIGNATURE

Approving Official Signature

Date