

**SECTION 1: CARDHOLDER INFORMATION**

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

**SECTION 2: ACKNOWLEDGMENTS**

By initialling each box and signing below:

<div style="border: 1px solid black; width: 50px; height: 50px; margin: 0 auto;"></div>	As a cardholder, 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 at anytime. I also understand that it is my responsibility to annually review the policy manual for any updates and changes.
<div style="border: 1px solid black; width: 50px; height: 50px; margin: 0 auto;"></div>	I certify that I understand that this card may only be used for official District business. I will not use this card to make unauthorized, prohibited or personal purchases. Any purchase that is in excess of the card limit, charged by someone unauthorized, or prohibited as listed in the District's Procurement Card Program Policy Manual may result in disciplinary action, including termination, under applicable District procedures. I will be personally liable to the District for the amount of any unauthorized or unofficial purchases.
<div style="border: 1px solid black; width: 50px; height: 50px; margin: 0 auto;"></div>	<p>I certify that I understand that the standard purchase transaction limits are established as follows:</p> <ul style="list-style-type: none"> <li>- Single Purchase Limit \$2,500</li> <li>- Per Day Spending Limit \$2,500</li> <li>- Monthly Spending Limit \$5,000</li> </ul>
<div style="border: 1px solid black; width: 50px; height: 50px; margin: 0 auto;"></div>	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. I understand that I will need to create and submit an e-pro for any fixed asset purchase.
<div style="border: 1px solid black; width: 50px; height: 50px; margin: 0 auto;"></div>	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 will not use the PCard to pay for conference registration fees, hotel accommodations, or transportation expenses <u>until</u> a Travel Authorization is approved.
<div style="border: 1px solid black; width: 50px; height: 50px; margin: 0 auto;"></div>	<p>I certify that I understand that Authorized travel expenses are limited to:</p> <ul style="list-style-type: none"> <li>- Conference Registration fees</li> <li>- Hotel accommodations (room and tax only)</li> <li>- Air, bus, or rail transportation</li> </ul>
<div style="border: 1px solid black; width: 50px; height: 50px; margin: 0 auto;"></div>	I certify that I am responsible for the card's safekeeping at all times. I will immediately notify the JP Morgan at 800-270-7760 and, the PCard Program Administrator in the event the card is lost or stolen, or if I believe the card has been used in a fraudulent manner.
<div style="border: 1px solid black; width: 50px; height: 50px; margin: 0 auto;"></div>	I certify that I will immediately access the JP Morgan PaymentNet system to reconcile and prepare the monthly reconciliation packet (statement and original, itemized receipts for each transactions) and forwarding to the Approving Official within published deadlines. If I dispute a charge, I will immediately seek to resolve the problem with the vendor or complete and submit an online dispute form.
<div style="border: 1px solid black; width: 50px; height: 50px; margin: 0 auto;"></div>	I certify that I understand the District has the unconditional right to cancel the card issued to me at any time without notice. In the event the District cancels the card or prior to separation from service, I will immediately cut it in half and return it to my Approver who will return it to the PCard Program Administrator.

**SECTION 3: CARDHOLDER SIGNATURE**

\_\_\_\_\_  
Cardholder Signature

\_\_\_\_\_  
Date