

## PCARD PROGRAM PRINCIPAL LOW LIMIT PCARD AGREEMENT

SECTION 1:	CARDHOLDER INFORMATION		
CARDHOLDER NAME		CARDHOLDER TITLE	PRINCIPAL
EMPLOYEE ID		EMAIL ADDRESS	
CHOOL/DEPT		COST CENTER	
WORK PHONE		ALT PHONE	
SECTION 2:	ACKNOWLEDGMENTS		
By initialling each	box and signing below:		
	As a Cardholder, I certify that I understand that I must of policies are published on the District website and are accreview the policy manual for any updates and changes.		c's PCard Policy and Procedures. I understand that these me. I also understand that it is my responsibility to annually
	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.		
	I certify that I understand that the standard purchase tr - Single Purchase Limit \$200 - Per Day Spending Limit \$200 - Monthly Spending Limit \$200	ransaction limits are es	tablished as follows:
	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.		
	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 accomodations, or transportation expenses until a Travel Authorization is approved.		
	I certify that I understand that Authorized travel expensed - Conference Registration feesed - Hotel accomodations (room and tax only) - Air, bus, or rail transportation	es are limited to:	
	I certify that I am responsible for the card's safekeeping PCard Program Administrator in the event the card is los		nediately notify the JP Morgan at 800-270-7760 and, the eve the card has been used in a fraudulent manner.
	I certify that I will review and approve all my transaction purchases made on behalf of the District are for use by t	-	d timeframe, prior to the established deadlines, and ensure $t^{\dagger}$
_	I certify that I will forward my statement packets to the consists of a print-out of the current statement and all o		artment for long term record retention. A statement packet ots for the statement period.
	I certify that I understand the District has the uncondition the District cancels the card or prior to separation from return it to the PCard Program Administrator.	-	card issued to me at any time without notice. In the event tely cut it in half and return it to my Approver who will
SECTION 3:	CARDHOLDER SIGNATURE		

Cardholder Signature

Updated 7/01/18