## Form 517.1 PCard Cardholder Agreement

PCard Cardholder Agreement between \_\_\_\_\_

## And the Lloydminster Roman Catholic Separate School Division #89

I acknowledge that I have received Mastercard purchasing card # \_\_\_\_\_\_

Credit limit \$\_\_\_\_\_

I understand the card is for school division-approved purchases only and I have read and understand AP 515 Purchasing and AP 517 Purchase Card User Manual. Assignment is based on need to purchase materials for the school division.

The PCard is school division property. I understand that I am required to comply with internal control procedures signed to protect company assets.

I understand that I will be required to code and attach adequate receipts for approval. I am responsible to resolve any discrepancies by contacting the plan administrator. I understand that failure to code and attach receipts within BMO SpendDynamics will result in the cancellation of the PCard.

All charges will be billed directly to and paid directly by the school division.

I agree not to charge personal purchases. Any personal charges billed to the school division could be considered misappropriation of school division funds. This will result in disciplinary action, up to and including termination of employment.

If the card is lost or stolen, I will notify an LCSD Plan Administrator at the Division office, as soon as possible.

I agree to surrender the card immediately upon termination of employment or when requested by the Plan Administrator. This card may be revoked based on a change of assignment or location.

If a vendor requests a billing address when making a purchase use the following:

Lloydminster Roman Catholic Separate School Division #8 6611B-39 street, Lloydminster T9V 2Z4

Employee or Designate Signature	Reviewed with LCSD PCard Administrator Signature
Employee or Designate Printed Name	LCSD Chief Financial Officer Signature
Date:	Date: