



Washoe County School District Employee Cardholder Agreement

Washoe County School District is pleased to present you with this purchasing card. It represents the District's confidence in you as a responsible employee of the District entrusted to safeguard and protect District assets.

As a cardholder, I agree to comply with the terms and conditions of this agreement and the stated provisions of the Purchasing Card Program Procedures Manual, made available to me. Failure to comply with these terms and conditions may result in either revocation of my use privileges or other disciplinary actions, including discipline in accordance with the Washoe County School District policies, regulations, and procedures. I acknowledge receipt of the manual and confirm that I have read and understand its provisions. I understand that I will be making financial commitments on behalf of the Washoe County School District and will strive to obtain the best value for the District. I also understand that the District is liable to Commerce Bank for all charges made by me.

As the holder of this purchasing card, I agree to accept responsibility for the protection and proper use of this card as outlined in the manual. I understand that the District **WILL** audit my use of this purchasing card. I understand that I **CAN NOT** use the purchasing card for the purchase of restricted goods or services specified in the Purchasing Card Program Procedures Manual and that the purchase of such restricted goods or services shall be deemed an improper use of the purchasing card. I agree to submit a report of the transactions per the published schedule with the receipts and brief descriptions of purchases made with this card.

I further understand that improper or fraudulent use of this purchasing card may result in disciplinary action and/or personal liability. Should I fail to use this purchasing card as described in the Purchasing Card Program Procedures Manual, I understand that the District may deduct from my salary, or from any other amounts payable to me, an amount equal to the total amount of the improper purchases. I also agree to allow the District to collect any amounts owed by me, even if the District no longer employs me. If the District initiates legal proceedings to recover amounts not authorized by the Purchasing Card Program Procedures Manual, I agree to pay legal fees, including attorney's fees and court costs, or any other collection costs incurred by the District in such proceedings.

I understand that the District may terminate my right to use the purchasing card at any time for any reason. I agree to return this card to the District immediately upon request, upon termination of employment (including retirement), or upon any organizational change that causes my assignment to change.

I hereby acknowledge receipt of purchasing card # _____ Exp Date: _____

Employee Signature

Date

Printed Name

Date card returned: _____

Cancelled: _____

Shredded: _____

By: _____