I. ACKNOWLEDGEMENT (THE AGREEMENT)

As a pre-condition of receiving a P-Card, an employee shall compete and sign the acknowledgement below. One copy of the acknowledgement shall be filed in the employee's personnel file in Human Resources and the original Agreement shall be kept on file with the Program Administrator. An employee who refuses to sign or complete this document shall not be issued a P-Card.

NEEDHAM PUBLIC SCHOOLS P-CARD APPLICATION, CARDHOLDER AGREEMENT AND ACKNOWLEDGMENT OF RECEIPT OF P-CARD POLICY

APPLICATION:

Cardholder Full Name:	
NPS Department:	
Work Phone:	
Work Email:	
Work Cellphone:	
Date of Application:	

EMPLOYEE ATTESTATION: (Original Employee Signature Required)

As the holder of this purchasing card, I agree to accept responsibility for the protection and proper use of this card as outlined in Policy #DJH. I understand that the Town of Needham WILL audit the use of this purchasing card. I understand that I am responsible for retaining all receipts and packing slips for processing to the Business Office and that failure to provide these documents may result in personal liability. I understand that I CANNOT use the purchasing card for personal use, even if the intent is to reimburse the Town. I agree that I will not circumvent the Town's purchasing policies and procedures, through my use of the card. I promise to reimburse the Town for any use determined to be improper or unauthorized by the Program Administrator.

I further understand that improper use of this purchasing card may result in disciplinary action, up to and including TERMINATION of employment. I also agree to allow the Town of Needham to collect any amounts owed by me even if I am no longer employed by the Town. If the Town initiates legal proceedings to recover amounts owed by me under this Agreement, I agree to pay all legal fees incurred by the Town in such proceedings. I understand the Town may terminate my rights to use this purchasing card at any time for any reason, without warning. I agree to return the credit card to the Needham Public Schools Program Administrator immediately upon request or upon termination of employment.

I understand that a copy of this Agreement will be kept on file with Human Resources in my employee file.

Employee Name:	
Signature:	
Date:	

SUPERINTENDENT AUTHORIZATION (Superintendent Original or Electronic Signature Required)

Superintendent Name	
Signature:	
Date:	

PURCHASING DEPARTMENT ADMINISTRATIVE SECTION:

	Date	Program Administrator Initials
Card Issue Date:		
Card Deactivation Date:		

Source: NPS Policy DJH, August 2021