



RECEIPT OF PURCHASING CARD

Please read these statements before signing to acknowledge your responsibilities regarding your U.S. Bank Visa Purchasing Card.

1. This card is to be used to purchase supplies and services having available and appropriate funding. With the approval of the P-Card application by the supervisor/manager, the cardholder has been delegated expenditure and purchasing authority for the County.
2. P-Card statements are to be reconciled monthly within 15 days of the statement date online using the County sponsored, web-based program that allows the cardholder or department designee to review and allocate monthly transactions to the correct ledger accounts. The Program Administrator will perform continual audits of a cardholder's P-Card documentation to ensure that a record keeping is complete and accurate and that P-Card program procedures are being followed.
3. A lost or stolen card must be reported immediately to U.S. Bank Customer service at (800) 344-5696. You must also notify your supervisor/department head who will notify the Program Administrator. The card will be inactivated immediately and a replacement card will be issued.
4. The cardholder is responsible for indicating to the supplier that the County is tax exempt, and should not be charged sales tax. The cardholder is responsible for any sales tax credit due to the County.
5. The cardholder is responsible for ensuring sufficient receipt of materials and supplies, and resolving any receiving discrepancies or damaged goods issues.
6. The card is for business-related purposes only. Personal charges are not to be made to the card and could be considered misappropriation of funds.
7. Improper use may require relinquishing the P-Card and may result in disciplinary action up to and including termination and criminal prosecution.
8. You must surrender the card upon termination of employment or transfer to another County department

By signing this document, I certify that I have received the Lake County U.S. Bank Visa Purchasing Card and understand and agree that I will comply with the above guidelines as well as the County P-Card Policies and Procedures.

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Print Cardholder Name

Department/Division

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Signature/Date