

STAFF NAMED CREDIT CARD AUTHORIZATION AND USE AGREEMENT

As an employee of Northwest Educational Service District 189 (NWESD 189), I have read Board Policy 6210 and Procedure 6210-P related to purchase authorization and control, and NWESD credit card Operating Guidelines. I understand my use of a NWESD credit card is for approved travel expenditures and other purchases where the vendor will not accept a purchase order. In accepting and using the _____ (please note Visa and/or Costco) card(s) issued in my name, I agree to be bound by the following terms and conditions:

- I will use the card issued to me only for the payment of **authorized and pre-approved expenses** on behalf of my program/department. Such expenses may include air flight, ground transportation (shuttles, cabs, etc.), lodging and other purchases where the vendor will not accept a purchase order and/or it is more expedient or cost effective to use the credit card.
- I **will not** use the card to obtain cash advances.
- I **will not** allow usage by an unauthorized individual.
- I **will not** use the card for personal or for any non-NWESD 189 purpose.
- I understand the card **shall not** be used for the following: salaries or wages, gifts (including flowers or meals for employees), donations to charity, personal services, supplies, alcoholic beverages, meals, personal vehicle (even when the vehicle is used for NWESD 189 authorized travel) costs or non-travel related expenses.
- I understand purchases are limited to preauthorized dollars to cover NWESD 189 expenses.
- I understand all NWESD 189 purchasing rules still apply including, but not limited to, a purchase order must be approved prior to purchase.
- I will obtain itemized receipts or other appropriate documentation for all transactions and will submit them in a timely manner to the fiscal department.
- I will monitor card use and will review its use at least one (1) time each month.
- I will immediately inform the credit card administrator of any changes in my online password.
- I will immediately surrender the card to the card program administrator in the event of my transfer or separation from the NWESD 189.
- I will immediately **report any stolen or lost card to the issuing company** (Bank of America or Costco or other, as appropriate) **and** will immediately follow up with **a notification to the NWESD 189 Fiscal Department.**
- **I agree to be responsible for any charges against the credit card not properly identified or not allowed by the NWESD 189 and such disallowed charges shall be paid by personal check, United States currency, or salary deduction.** I further understand, in compliance with RCW 42.24.115, that in the event any disallowed charges are not repaid before the credit card billing is due and payable, the NWESD 189 shall have a prior lien against and a right to withhold all funds payable to me up to the amount of the disallowed charges with penalties and interest at the same rate as charged by the company which issues the credit card.
- I understand that any employee who has been issued a card **shall not use the card if any disallowed charges are outstanding and shall surrender the card upon request of the credit card administrator** (currently the Assistant Superintendent of Finance and Compliance).

_____ Users Initials

- I, _____, further understand that the use of a NWESD 189 credit card is NOT required and one is only issued upon employee request, once approved. As banking regulations necessitate assignment of each card holder's social security number and birthdate, I am **electing to request a NWESD 189 credit card. I agree to grant NWESD 189 permission to provide my social security number and birthdate to meet those prerequisites in acquiring a NWESD 189 credit card.**

_____ Users Initials

I understand that any variance and/or violation to the above conditions may result in cancellation of the NWESD 189 card assigned to me. Further, misuse of the card could result in discipline and/or personal liability for dishonored charges as acknowledged herein. The NWESD 189 shall have unlimited authority to revoke use of any credit card issued and upon such revocation shall not be liable for any cost subsequently charged to the card. All NWESD 189 credit card use is subject to examination by the State Auditor's Office.

I HAVE READ, UNDERSTAND, AND AGREE TO THE ABOVE TERMS AND CONDITIONS:

Name (Please Print) Signature Date

Supervisor Approval Name (Please Print) Supervisor Signature Date

01-E-530-
Primary Default Account Code