



Snoqualmie Valley

School District #410

8001 Silva Avenue S.E., P.O. Box 400, Snoqualmie, WA 98065
 Phone (425) 831-8000 ♦ Fax (425) 831-8040 ♦ www.svds410.org

TRAVEL PROCUREMENT CARD USER AGREEMENT

A District **Travel/Overnight or Out-of-State Approval Request Form** must be completed prior to use of the travel credit card.

Date Overnight/Out-of-State Request Form Approved: _____

I understand the Snoqualmie Valley School District No. 410 has authorized my use of the district travel procurement card for authorized travel expenditures on its behalf. In accepting and using the card, I agree to be bound by the terms and conditions which follow:

- I will use the card issued to me only for the payment of authorized travel expenses on behalf of my location (school or department) which include airfare, lodging, and for pre-approved travel arrangements. I will not use the purchasing card for attorney expenses, medical expenses or services or other personal services which require an agreement.
- 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 use or for any other non-district purpose.
- I understand the card shall not be used for the following:

Salaries or Wages	Gifts (including flowers and meals)	Donations to Charity	Personal Services
Entertainment	Alcohol	Technology Equipment	Gift Cards
Gas for a personal car	Meals (Per Diem)		

- I understand the credit limit for my card is **\$ 3,000**.
- I understand I will be responsible for the timely reconciliation of all credit card transactions charged to my card.
- I understand that I am responsible to provide appropriate itemized documentation for credit card transactions charged to my card.
- **I will immediately report any stolen or lost card to Bank of Montreal and follow up with notification to the card program administrator and Business Office.**
- **I understand that any charges against the credit card not properly identified or not allowed by the district shall be paid by the employee incurring the charges by check, United States currency, or salary deduction. I further understand, in compliance with RCW 42.24.115, that for any disallowed charges which are not repaid before the credit card billing is due and payable, the district shall have a prior lien against and a right to withhold any and all funds payable to myself up to an amount of the disallowed charges and interest at the same rate as charged by the company which issues the procurement card. I further 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 procurement card administrator or principal/budget administrator.**

_____ user initials

- **I acknowledge that I have received the p-Card Procedure Manual, and understand that it is my responsibility to read and comply with such revisions and updates made to it.**

_____ user initials

I understand that any variance and/or violation to the above conditions will result in cancellation of my card. Misuse of the card could result in discipline and/or personal liability for dishonored charges as acknowledge herein.

Any district credit card use is subject to examination by the state auditor's office.

The district shall have unlimited authority to revoke use of any charge cards issued and upon such revocation shall not be liable to any cost subsequently charged to the procurement.

I HAVE READ AND UNDERSTAND THE ABOVE CONDITIONS:

 Employee Name (please print)

 Signature

 Date

 Title

 Location/Department

 Last 4 Digits of P-Card

 Accounting/Business Approval (please print)

 Signature

 Date