CARD HOLDER EMPLOYEE AGREEMENT

OFFICE OF MANAGEMENT AND BUDGET
FISCAL MANAGEMENT
SFN 59053 (10-2011)

Your signature below is verification that you have read the Purchasing Card Policy Manual and agree to comply with it as well as the following requirements:

1. I understand the card is for State use only, and I agree not to use the card for personal business.
2. Improper use of this card can be considered misappropriation of State funds. This may result in cancellation of Procurement Card privileges, reimbursement to the State for improper use, disciplinary action up to and including termination and possible criminal charges.
3. If the card is lost or stolen, I will immediately notify the card company and my Card Administrator.
4. I agree to surrender the card immediately upon termination of employment, or transfer to another state agency.
5. The card is issued in my name. I will not allow any other person to use the card. I am responsible for all charges against the card.
6. As the card is State property, I understand that I may be periodically required to comply with internal control procedures designed to protect State assets. This may include being asked to produce the card to validate its existence and account number.
7. I am responsible for obtaining a receipt for all transactions. Receipts must be attached to each monthly statement.
8. I will receive a Monthly Statement, which will report all activity during the statement period. Each statement must be verified, signed, and dated confirming all charges are correct and appropriate. Each statement must be approved, signed and dated by my supervisor. Since I am responsible for all charges (but not for payment) on the card, I will resolve any discrepancies by either contacting the vendor or card company.
9. I understand that the State of North Dakota does not authorize, permit or otherwise consent for me to obtain cash advances or to be issued checks from any Cardholder Account issued under this Purchasing Card Agreement. Further, I understand that in the event of an erroneous charge, return or other adjustment to the account, I must not accept cash as a refund; only a credit to the card account is acceptable.

Cardholder Signature	Date
Cardholder Printed Name	

Application Information

Employee ID	User ID (PSFT sign-on or ND Gov Acct)	First Name	Last Name	
Email Address			Business Telephone Number	
Business Address		City	State	ZIP Code

Supervisor/Fiscal Officer Signature	Date

To be filled out by Agency Card Administrator

Speed Chart Default	MCC Group ☐ 950 ☐ 951 ☐ 952 ☐ 962
Credit Limit	Single Amount Limit
Agency Card Administrator Signature	Date