

**AD: FIN APPENDIX A
PURCHASING CARD AGREEMENT**

Card Holder Acknowledgement of Responsibilities

1. The purchasing card is intended to facilitate the purchase and payment of goods and services required for the conduct of Lac La Biche County Libraries business and within the Board's approved budget.
2. I agree to adhere to the Lac La Biche County Library Board's Finance Policy and approved procedures with respect to use of my Purchasing Card.
3. I acknowledge that I cannot use my Purchasing Card for personal purchases and further that all charges will be billed directly to and paid by Lac La Biche County Libraries therefore the card provider cannot accept any payment from me directly.
4. I acknowledge that unauthorized use of my Purchasing Card may be considered as misappropriation of Library funds and that any use deemed as misappropriation by the Board could result in any or all of the following:
 - a) immediate and irrevocable forfeiture of the purchasing card
 - b) disciplinary action which may include termination of employment
 - c) criminal charges
5. I understand that my Purchasing Card must be surrendered upon termination of my employment with Lac La Biche County Libraries.
6. I will maintain the proper security of my Purchasing Card. If my Purchasing Card is stolen or lost, I agree to immediately notify the card provider and the Board Treasurer.
7. I acknowledge that the card is issued in my name and recognize that if I share my number with authorized parties, I am taking the risk and assuming full responsibility for it's use.
8. I understand that I will receive a statement that will report be responsible to reconcile my purchases within 2 weeks of receiving the statement. I will resolve any discrepancies by either contacting the card provider or the supplier.
9. I understand that I must obtain my approval on all Purchasing Card statements as identified in the Board's Finance Policy.

This document outlines the responsibilities I have as a Purchasing Card Holder. My signature indicates that I have read and understand these responsibilities and agree to the statements above.

Signature _____

Date _____

