



**NANAIMO LADYSMITH
PUBLIC SCHOOLS**

**Nanaimo Ladysmith Public Schools
Department/Team Purchasing Card (P-Card) Program Cardholder Agreement**

This agreement outlines the terms of use and responsibilities I have as a cardholder of a Nanaimo Ladysmith Public Schools P-Card with the Bank of Montreal (BMO). My signature indicates that I have read and understood these responsibilities and I agree to adhere to all procedures established for its use. I also understand that failure to comply may result in my P-Card being cancelled without notice.

1. I agree to use the Nanaimo Ladysmith Public Schools P-Card only for the purpose of acquiring goods and services within my functional area of responsibility as a Nanaimo Ladysmith Public Schools employee.
2. I agree to use the P-Card for business-related purposes only and under no circumstance will I use the P-Card for personal use.
3. I will not use the P-Card to obtain cash advances.
4. I accept responsibility for all charges made against my P-Card and under no circumstances will I allow others to use my P-Card.
5. I acknowledge that misuse of my P-Card can be considered misappropriation of school district funds and may result in disciplinary action against me by the school district, including dismissal.
6. I agree to maintain sufficient records documenting all transactions including keeping receipts, credit card slips, and packing slips.
7. I agree to reconcile my Nanaimo Ladysmith Public Schools P-Card statement each month and to resolve any discrepancies by contacting the supplier or BMO Financial Group Bank.
8. I understand that since the P-Card is school district property, I may be periodically required to comply with internal audit procedures.
9. I agree to immediately notify MasterCard at 1-800-361-3361 and the school district P-Card Program Administrator if my P-Card is lost, stolen, damaged or destroyed.
10. I agree to surrender my Nanaimo Ladysmith Public Schools P-Card to the school district P-Card Program Administrator upon termination of employment or upon the request of an authorized representative of management. I understand that use of the P-Card after privileges are withdrawn is strictly prohibited.
11. I agree to notify the school district P-Card Program Administrator when I am transferred or reassigned.

I have read and understood the above terms of use established for the Nanaimo Ladysmith Public Schools P-Card Program with the Bank of Montreal (BMO) and I agree to comply with all of them.

Dated _____, 20____

Department/Team Cardholder Signature

Department/Team Name

Department/Team Cardholder Name (Printed)

Department/Team Default GL Account

Department/Team Cardholder Position

Monthly Credit Limit Requested

Department/Team Cardholder Employee No.

Principal or Supervisor Approval