



Cañada College • College of San Mateo • Skyline College

## Procurement Cardholder Annual Agreement & Acknowledgement

As a condition for continuing use of a District procurement card, the Cardholder must read the following information and verify acceptance with its terms and conditions on an annual basis. This form must be completed to continue usage of Procard.

Refer to link: [Procard User's Guide and Requirements](#)

The San Mateo County Community College District (SMCCCD) Procurement Card (Last Four Ending in: \_\_\_\_\_) has been assigned to me. I hereby acknowledge that I, as the Cardholder, am responsible for the security of the card and for its appropriate use for District purchases. I further acknowledge the following:

1. Specific transaction limits that have been designated for this card are summarized below:

Current Monthly Limit: \_\_\_\_\_

- 2. This card may only be used for official business and shall not be used for personal or other unauthorized purposes.
- 3. This card will not be provided for use to any other person. I am the only individual authorized to use the card.
- 4. I am responsible for the card's safekeeping. Fraudulent use of the card or lost or stolen cards must be reported immediately to U.S. Bank at 1-800-344-5696 and to my supervisor and the College Business Officer. I will promptly notify the vendor to resolve any disputed charges.
- 5. Purchases must not be split to circumvent card limits or procurement policies. If the dollar amount of what I need to purchase exceeds my card limits or the bidding threshold, a requisition must be generated for processing through the Purchase Order system.
- 6. I will be responsible for retaining receipts for all transactions. I will reconcile charges appearing on my monthly statement of account on a timely basis. I will deliver my signed, approved statement to my Approving Manager within fifteen (15) calendar days of receipt from the Bank.
- 7. This card shall not be used for purchases where I, a relative or a friend have a personal or financial interest in the business of the vendor. I will refer any questions regarding conflicts of interest to my Approving Manager and SMCCCD's General Services Dept for clarification.
- 8. I will submit information to the Business office on purchases subject to partial or full use tax report following the monthly due date.
- 9. A Procard Receipt Packet must be prepared, approved, and uploaded monthly to the appropriate CIAG Appserv1 folder. I will retain copies of Statements of Account signed by me and my supervisor and make them available for inspection and audit on demand. All credit card charges are subject to audit.
- 10. I understand that I will be held personally liable to SMCCCD for any unauthorized purchases pursuant to Education Code section 81656 and SMCCCD Board Policy 8.15.
- 11. When a cardholder changes location or leaves the employment of SMCCCD, they must contact the Business Office or Supervisor. If long term leave, retirement or termination you must surrender your procard to the College Business Office or Human Resources.
- 12. My cardholder privileges may be suspended or canceled if any terms of this agreement are violated.
- 13. I understand that if this form is not completed and signed by **January 31<sup>st</sup>** my card will be terminated.

I volunteer to surrender my procard card at this time.

14. The SMCCCD Procurement Card User's Guide have been provided to me. I hereby agree to abide by the policies and procedures set forth in the SMCCCD Procurement Card User's Guide and Requirements.

**Failure to follow the above terms and conditions will cause for card revocation and potential disciplinary and legal action.**

\_\_\_\_\_  
Cardholder Name

\_\_\_\_\_  
Cardholder Signature

\_\_\_\_\_  
G#

\_\_\_\_\_  
Date

\_\_\_\_\_  
Administrator Name

\_\_\_\_\_  
Administrator Signature

\_\_\_\_\_  
Department

\_\_\_\_\_  
Date