Form 515-1 Pcard Cardholder Agreement

P-Card Cardholder Agreement between _____

And the Lloydminster Roman Catholic Separate School Division #89

I acknowledge that I have received Mastercard purchasing card # _____

Individual Transaction limit $_____

Monthly expenditure limit $ _____

Approved by_____

I understand the card is for school division-approved purchases only and I have read and understand AP 515 Appendix, and the Purchase Card User Manual. Assignment is based on need to purchase materials for the school division.

As the card is school division property, I understand that I am required to comply with internal control procedures designed to protect company assets.

I understand that I will be required to submit receipts and statements for approval monthly as and when required to the individual stated above. I am responsible to reconcile the monthly statement and will resolve any discrepancies by contacting the plan administrator. I understand that failure to produce receipts and monthly reconciliation when required will result in the cancellation of the card.

All charges will be billed directly to and paid directly by the school division.

I agree not to charge personal purchases. Any personal charges billed to the school division could be considered misappropriation of school division funds. This will result in disciplinary action, up to and including termination of employment.

If the card is lost or stolen, I will notify Plan Administrator/Accounts Payable, Alicia Dumas at the Division office, as soon as possible.

I agree to surrender the card immediately upon termination of employment or when requested by the Plan Administrator. This card may be revoked based on a change of assignment or location.

If a vendor requests a billing address when making a purchase use the following:

> Lloydminster Roman Catholic Separate School Division #8
> 6611B-39 street, Lloydminster
> T9V 2Z4

Employee or Designate Signature

Chief Financial Officer
Melanie Stelmaschuk, CPA, CA

Employee or Designate Printed Name

Date:

Date: