



Rowan County P-Card Application

Department: _____ Date: _____

Employee Name: _____ ID# _____

Job Title: _____

Limit per transaction (typically \$1,000): _____ Overall Limit: _____

Approving Supervisor (print name): _____

Requesting Director (print name): _____

Director's Signature: _____

For Purchasing Use Only:

Approved limit per transaction: _____

Approved overall limit: _____

Approved by (print name): _____

Title: _____

Signature: _____ Date: _____

Send Completed Form to David Sifford/Purchasing Agent

Rowan County Procurement Cardholder Agreement

This agreement outlines the responsibilities I have as a holder of a Rowan County procurement card ("p-card") or as a director of a department that uses p-cards for operational purchases. My signature below indicates I have read and understand these responsibilities and that I agree to adhere to the following:

1. I understand the p-card is solely for official business of Rowan County, intended to facilitate the purchase of goods and services for the conduct of County business within applicable limits and is not for personal use.
2. I understand the p-card should be used for day-to-day operational purchases and that the use of vendor credit accounts (except for the County's fuel card program) is prohibited after June 30, 2012.
3. I understand that cardholders must follow all applicable purchasing guidelines of *Rowan County Procurement Policy* and the specific department. I also understand that cardholders will be held personally liable for unauthorized use of the card.
4. I understand use of the p-card for purchases not authorized within the *Rowan County Procurement Policy* will be considered misuse of the card and will be grounds for its immediate forfeiture, disciplinary action up to and including termination of employment, and any applicable criminal prosecution.
5. I understand the p-card is issued in the cardholder's name and that the cardholder is responsible for maintaining the security of the p-card issued to them and for all charges made by or authorized by them against it. I also understand that all p-card transactions will be billed directly to and paid directly by Rowan County.
6. I understand cardholders are responsible for obtaining and retaining an original receipt for every charge made by or authorized by them against the p-card and for submitting the receipts to the department's accounts payable supervisor on a daily basis (same day or day following the purchase date).
7. I understand cardholders must safeguard their p-card with appropriate security from the time they receive the card to the time they surrender it to Rowan County. If the p-card is lost or stolen, cardholders agree to immediately notify Bank of America at 1-888-449-2273 and the department director.
8. I understand p-cards must be surrendered by cardholders upon request by department director or supervisor for any reason and/or upon termination of the cardholder's employment with Rowan County.
9. I understand that should a cardholder violate the terms of the *Procurement Cardholder Agreement*, the cardholder will reimburse Rowan County for all charges improperly authorized by the cardholder using the p-card and all costs incurred by Rowan County related to the collection of such charges.

Cardholder's Signature: _____ Date: _____

Cardholder's Name (*please print*): _____

Department Name: _____

Director's Signature: _____ Date: _____

Director's Name (*please print*): _____

Return completed form to David Sifford/Purchasing Agent