



Procurement Card Agreement

I understand and agree to the following regarding the use of the Cuba Independent School District purchasing card assigned to me for official district business use only.

1. I understand that under no circumstances will I use the card to make personal purchases.
2. I agree to review and turn in signed **itemized** receipts within 48 hours.
3. In the event of lost or non-itemized receipts, I agree to obtain copies of the itemized receipt from the vendor.
4. I understand that Cuba Schools does not pay sales tax on tangible goods.
5. In the event that I pay sales tax on an item while using the card, I agree to obtain credit from the vendor for that amount.
6. I understand that I **may not** make internet purchases with the card because I cannot pay for an item until it is actually in my possession.
7. I understand that I am responsible for all charges made against the card.
8. I understand that a lost or stolen card must be reported immediately to the Business Manager.
9. I authorize Cuba Schools to deduct money from my paycheck equal to the amount of non-approved internet purchases, sales tax or any charges for which itemized receipts are not turned in.

Printed Name

Signature

Date

For Office Use Only:

Corresponding PO #: _____

Type of Card (PCard, Wex, etc.) _____

Last 4 digits of card: _____

Send form to Business Office with signed/dated itemized receipts attached.