

The Protestant Separate School Board of the Town of Penetanguishene

Corporate Credit Card Agreement

I certify that I have read the following and understand these responsibilities as a holder of the Meridian Credit Union Visa Credit Card. I agree to comply with the Board's policies and procedures established for the program.

1. The credit card is intended to facilitate the purchase and payment of goods and services, which are authorized by management and required to conduct Board/School business. **It cannot be used for personal purchases or to obtain cash advances.**
2. Unauthorized use of the card can be considered misappropriation of funds. This could result in:
 - a) immediate and irrevocable forfeiture of the card and/or
 - b) disciplinary action which may result in termination of employment.
3. I understand that the card must be surrendered upon termination of employment, whether for retirement, voluntary separation, resignation, or dismissal. I may also be requested to surrender the card for reasons not related to my own personal situation, such as a re-organization.
4. The card must be maintained with appropriate security whenever and wherever it is used. If the card is lost or stolen, the Meridian Credit Union and the Manager of Finance must be notified immediately.
5. The credit card is issued in my name. **I will not allow any other person to use my card or card number.**
6. Since the Board is responsible for payment, internal control procedures must be complied with.
7. I understand that I will be required to obtain a copy of the cash register receipt or packing slip for all purchases, reconcile them with the monthly statement, sign and forward it to my supervisor for review.
8. Any discrepancies on the monthly statements must be resolved by contacting the supplier. Cash register receipts must support all transactions on the monthly statements.
9. I understand that all charges will be billed directly to and paid directly by the Board. I understand that the Meridian Credit Union cannot accept payment from me directly.
10. I have received and read the policy and procedures governing the use of the corporate credit card and I understand my responsibilities as stated.

Name of Employee	Signature of Employee
Number of Corporate Credit Card	Date