

Cardholder Information:

Cardholder Name:		
	<i>(As it will appear on the card. Maximum of 24 characters)</i>	
Agency Name:		Index:
Statement Mailing Address:		
E-Mail Address:		
Work Telephone:		
Supervisor's Name:	<i>(Please print name)</i>	
Full Legal Name & Date of Birth		
X	X	
<i>Cardholder Signature and Date</i>		<i>Supervisor Signature and Date</i>
Authorization Limits and Restrictions (to be completed by Division Contact or Administrator)		
Overall Monthly Limit: \$	<i>(Mandatory)</i>	
Single Purchase Limit: \$	<i>(Mandatory)</i>	
Daily Transaction Limit: \$	<i>(Mandatory)</i>	
Please return completed form to:		
X		
<i>Division Contact or Administrator Signature and Date</i>		

APPENDIX VI

NEW/RENEWAL CARDHOLDER AGREEMENT

You are being entrusted with a State of Idaho Purchasing credit card, issued by US Bank. The card is provided to you based on your need to purchase materials for the State of Idaho. It is not an entitlement nor reflective of title or position. The card may be revoked at any time without your permission. Your signature below indicates that you have read and will comply with the terms of this agreement.

1. I understand that I will be making financial commitments on behalf of the State of Idaho and will strive to obtain the best value for the State of Idaho.
2. I have read and will follow the State of Idaho Purchasing Card Policies and Procedures. Failure to do so could be considered as misappropriation of funds of the State of Idaho. Failure to comply with the Agreement may result in either revocation of my privileges or other disciplinary action, up to and including termination.
3. I understand that under no circumstances will I use the State of Idaho Purchasing Card to make personal purchases, either for myself or for others. Using the card for personal charges could be considered misappropriation of funds of the State of Idaho and could result in corrective action, up to and including termination of employment. I also understand that under no circumstances will I use the State of Idaho Purchasing Card to purchase alcohol.
4. I agree that should I violate the terms of this Agreement and use the State of Idaho Purchasing Card for personal use or gain, that I will reimburse the State of Idaho within thirty (30) days for all incurred charges and any fees related to the collection of those charges.
5. The State of Idaho Purchasing Card is issued in my name. I will not allow any other person to use the card. I am considered responsible for any and all charges against the card.
6. The Purchasing Card is property of the State of Idaho. As such, I understand that I may be periodically required to comply with internal control procedures designed to protect the assets of the State of Idaho. This may include being asked to produce the card to validate its existence and account number.
7. If the card is lost or stolen, I will immediately notify US Bank by telephone at 1-800-872-2657 and the agency program administrator.
8. I have been given, or will be given, the ability to log onto the SCO Peard Application, which will report all purchasing activity during the statement period. Since I am responsible for all charges (but not for payment) on the card, I will reconcile the charges and send the receipts to Fiscal for processing WEEKLY or provide the receipts to a designated employee of the Division for reconciliation and sending receipts to Fiscal and will resolve any discrepancies by either contacting the supplier or US Bank.
9. I agree to surrender the State of Idaho Purchasing Card immediately upon termination of employment, whether for retirement, voluntary, or involuntary reasons.

Employee Name (Print)

Purchasing Card Account Number

Employee Signature Date

Supervisor Name (Print)

Supervisor Signature Date

Revised 8/1/22