**Cardholder Request Form**

*\*The purpose of this form is to provide an example template for agencies to use as needed.*

*Agencies are encouraged to modify this template to better fit their policies & procedures.*

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| **CARDHOLDER INFORMATION** |
| Cardholder Name |  |
|  | *(as it will appear on card; max 24 characters)* |
| Cardholder Name |  |
|  | *(full legal name)* |
| Cardholder Date of Birth |  |
| Cardholder Email |  |
| Cardholder Phone# |  |
| Cardholder Supervisor |  |
|  | *(print first & last name)* |
|  |  |
| Cardholder Signature & Date | Supervisor Signature & Date |
| **CARD LIMITS** **(to be completed by designated agency personnel)** |
| Single Purchase Limit | $ |
| Daily Purchase Limit | $ |
| Monthly Purchase Limit | $ |
| **APPROVAL** |
| Agency Approver |  |
|  | *(print first & last name)* |
|  |
| Approver Signature & Date |
| ***Return completed form to: [agency designated location]*** |

**Cardholder Agreement**

*\*The purpose of this agreement is to provide an example template for agencies to use as needed.*

*Agencies are encouraged to modify this template to better fit their policies & procedures.*

You are being entrusted with a State of Idaho purchasing credit card (P-Card), issued by US Bank. The P-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 P-Card Policies and Procedures](https://www.sco.idaho.gov/LivePages/fiscal-policies-p-card-policy.aspx) and my Agency’s P-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 P-Card to make personal purchases, either for myself or for others. Using the P-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 P-Card to purchase alcohol.
4. I agree that should I violate the terms of this Agreement and use the P-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 P-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 P-Card.
6. The P-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 P-Card to validate its existence and account number.
7. If the P-Card is lost or stolen, I will immediately notify US Bank by telephone at 877-846-9302 and my agency P-Card program administrator.
8. I have been given, or will be given, the ability to log onto the State of Idaho’s designated application, which will report all purchasing activity during the statement period. Since I am responsible for all charges (but not for payment) on the P-Card, I will follow my agency’s process for reconciling charges, providing receipts, and resolving discrepancies with 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.

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|  |  |
| Cardholder Name *(print first & last)* | Cardholder Signature & Date |
|  |  |
| Supervisor Name *(print first & last)* | Supervisor Signature & Date |