

Last four digits of card:
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**Frederick County Public Schools  
Purchasing Card (PCard) Cardholder Agreement**

I, \_\_\_\_\_, acknowledge that, if approved as an approved card holder for my site, I will abide by the established policies and procedures governing the use of purchasing cards in Frederick County Public Schools. As an approved card holder, I agree to comply with the following terms and conditions regarding the use of the school/departmental general P-card and travel P-card.

I understand that I am being entrusted with a valuable purchasing tool and will be making financial commitments on behalf of Frederick County Public Schools (FCPS) and will strive to obtain the best value for the school division by using existing school and state contract suppliers whenever possible.

I understand that FCPS is liable to the P-card Provider for all charges made on the P-Card.

I understand that misuse of P-card and/or lack of appropriate transaction documentation could result in FCPS reclaiming charges against my assigned P-card from me by deducting the amount from my pay.

I agree to monitor account activity to ensure that the P-card is used for approved purchases only and agree not to charge any personal purchases for myself or allow any other card user to charge any personal purchases. I understand that FCPS will audit the use of this card and the related management reports and take appropriate action on any discrepancies.

I agree not to share the department card(s) or the department card(s) number(s) with anyone other than employee users or the vendors I am doing business with. I agree that if I share the department card(s) or department card(s) number(s) with anyone other than a vendor with whom I am doing business, FCPS will take disciplinary action as a result.

I will follow the established procedures for the use of the P-card. Failure to do so may result in either revocation of my use privileges or other disciplinary action, up to and including termination of employment.

I agree to notify the finance department immediately upon termination of my employment (including retirement) to remove my access to the Bank of America works system. Should there be any organizational change that causes my location to change, I also agree to notify the P-card program administrator.

If the P-card is lost or stolen, I will notify Bank of America at 1-888-449-2273 and the P-card program administrator at 540-662-4518 ext. 88104 or 88237 immediately.

The school division may change these terms and conditions or its guidelines concerning the use of the P-card and I understand that I must comply with those changes.

Appendix C – Cardholder Agreement

As the custodian of the issued card(s), I have read and understand the terms and conditions stated above.

\_\_\_\_\_  
Employee Signature                      Date                      Location

\_\_\_\_\_  
Account Manager Signature                      Date                      Location

Card Received:	Date:	Initials:
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Program Administrator Signature/Date