

**High Desert Education Service District**  
Purchase Card Request Form

By participating in the High Desert Education Service District (HDES) Purchase Card (p-card) program, as a cardholder, I \_\_\_\_\_ assume responsibilities pertaining to the operation and administration of the p-card program. These responsibilities include but are not limited to the following:

1. The HDES p-card is to be used for authorized district expenditures only. The p-card may only be used under the parameters and procedures established for the p-card program which are detailed in HDES Purchasing Handbook.
2. The HDES p-card may not be used for personal purposes or cash transactions.
3. The p-card will be issued in my name, but the account is held by HDES, which is the owner of the card. By accepting the card, you assume responsibility for the card and will be responsible for all charges made with the card. The card is not transferable and may not be used by anyone other than me, the cardholder.
4. The HDES p-card must be maintained with the highest level of security. If the card is lost or stolen, or if I suspect the card or account number has been compromised, I agree to immediately notify US Bank and the Business Office.
5. All charges will be billed and paid directly by HDES. On a weekly basis, I will log in, work all open transactions and provide documentation to the Business Office. While I am not responsible for making payments, I am responsible for the verification and reconciliation of all account activity. I am also responsible for the appropriate use of the card. If I don't follow the procedures, my card and cardholder privileges may be revoked and I may be held personally responsible for any unauthorized purchases made with my card.
6. Cardholder accounts are subject to periodic internal control review and audits. By accepting the card, I agree to comply with these reviews and audits.
7. Parameters and procedures related to the Purchase Card Program may be updated or changed at any time. HDES will promptly notify me of these changes.

I agree to surrender and cease use of the card upon termination of employment. In addition, I will surrender and cease use of the card if I transfer or relocate. I may also be asked to surrender the card at any time deemed necessary by the district. Misuse or fraudulent use of the card may result in disciplinary actions up to and including termination.

By signing below, I acknowledge that I have received mandatory training, read both the Purchasing Handbook and this Purchase Card Acceptance Contract and agree to the terms and conditions of these documents. I certify that as a participating cardholder of HDES Purchase Card Program, I understand and assume the responsibilities listed above.

Employee Name	Signature	Phone	Date
Supervisor Signature/Program Name	Date	CFO	Date
Card Number Issued (last 4 digits)	Date Issued	Card Limits	

\_\_\_\_\_  
Phone number to use for Account set up (Number will be used by US Bank if a transaction is flagged as potential fraud)