
**HAMILTON COUNTY SCHOOL BOARD
PURCHASING CARD PROGRAM
CARDHOLDER AGREEMENT**

I AGREE TO THE FOLLOWING REGARDING THE USE OF THE HAMILTON COUNTY SCHOOL BOARD PURCHASING CARD ASSIGNED TO ME FOR OFFICIAL SCHOOL BOARD BUSINESS ONLY:

1. I understand that I am being entrusted with a powerful, valuable tool and will be making financial commitments on behalf of the Hamilton County School Board and will strive to obtain the best value.
2. I understand that under no circumstances will I use the Purchasing Card for purchases, either for myself or others. Willful Intent to use the Purchasing Card for personal gain or unauthorized use may result in disciplinary actions up to and including termination of employment and prosecution to the extent permitted by law.
3. I will follow Florida Law, school board purchasing policies, and established guidelines for using the Purchasing Card. Failure to do so, may result in revocation of my card privileges or other disciplinary action.
4. I have been provided a copy of the Purchasing Card Guidelines and attended training for the Purchasing Card Program. I have been given an opportunity to ask any questions to clarify my understanding of the Purchasing Card Program.
5. I agree to review and reconcile transactions in a timely manner and will maintain applicable information and receipts.
6. I agree that, should I violate the terms of the Agreement, I will be subject to disciplinary action up to and including termination of employment and that I will reimburse the Hamilton County School Board for all incurred charges and any costs related to the collection of such charges. Additionally, any such charges that I owe the Board may be deducted from any money which would otherwise be due and owing me, including salary or wages.
7. I agree that, should the Purchasing Card be lost or stolen, I will immediately notify SunTrust's Customer Service at 1-800-836-8562, 24 hours a day, 7 days a week and I will also immediately notify my supervisor.

Cardholder Name (Print):	Supervisor/Grant Coordinator Name (Print):
Available Credit:	Supervisor/Grant Coordinator Signature:
Cardholder Signature:	Date:
Date:	Director of Business Services Signature: