

**Appendix A County Issued Credit Card Agreement**

**POLK COUNTY CREDIT CARD USE AGREEMENT**

I, \_\_\_\_\_, request the use of a County Issued Credit Card in the name of Polk County. I understand that Polk County agrees to temporarily provide this card to me under the following conditions:

\_\_\_\_\_ I agree to abide by any and all credit card and travel policies, procedures, statutes, and legislation, present or future, while using this card.

\_\_\_\_\_ I agree that the use of the County Issued Credit Card is not for personal use and that misuse of the card may result in termination of my ability to use County Issued Credit Cards and other disciplinary action.

\_\_\_\_\_ I agree fuel for personal vehicles and employee meals may not be charged to a County Issued Credit Card and that mileage for personal vehicles and employee meals shall be reimbursed on a travel expense form, with detailed receipts and supporting documentation.

\_\_\_\_\_ I agree each charge to the County Issued Credit Card must be properly documented with a detailed receipt and supporting documentation.

\_\_\_\_\_ I agree no sales tax shall be charged on any County Issued Credit Cards.

\_\_\_\_\_ I agree all purchases of supplies or services are to be documented with a detailed receipt and/or documentation supporting each charge and signed for approval for payment.

\_\_\_\_\_ I agree that a travel expense form with original receipts attached and detailed documentation describing the purpose of the travel must be provided for travel related charges.

\_\_\_\_\_ I agree that the County Issued Credit Card is a form of payment and in no way shall circumvent the procurement process.

\_\_\_\_\_ I agree that with the exceptions of special circumstances, the credit card, all invoices, proper documentation, and authorization for payment shall be submitted to the Purchasing office no later than two (2) business days after the approved use of the card. Failure to comply shall result in card privileges being suspended.

\_\_\_\_\_ I agree any County Issued Credit Card shall be surrendered immediately upon separation of employment.

\_\_\_\_\_ I agree the Cardholder shall be responsible for personal payment of invoices and charges due to lost receipts or receipts not received. The Cardholder shall reimburse the County through the Treasurer's Office immediately.

I hereby acknowledge acceptance and agree to abide by the above stated guidelines, and agree to be bound by all requirements, county policies, and state regulations as set forth in the above referenced agreement.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Purchasing/Procurement Coordinator

\_\_\_\_\_  
Date