KCTCS Procurement Card Agreement

Please select one: ☐ **Cardholder** ☐ **Custodial Cardholder** ☐ **Custodial Card User**

I agree to comply with the terms and conditions of this Agreement and the applicable provisions of the **Procurement Card Guide** provided and section **4.2 Procurement Card Procedures** in the KCTCS Business Procedures Manual. The **Procurement Card Guide** and section 4.2 **Procurement Card Procedures** may be subsequently revised. I acknowledge receipt of the **KCTCS Procurement Card Guide** and section **4.2 Procurement Card Procedures** of the KCTCS Business Procedures Manual and confirm that I have read and understand their terms and conditions. Responsibilities for the KCTCS Procurement Card include but are not limited to the following.

I agree to accept responsibility for the protection and proper use of the Card as outlined in this Agreement, the **Procurement Card Guide,** and section **4.2 Procurement Card Procedures** of the KCTCS Business Procedures Manual. By accepting this Procurement Card, I will assume responsibility for the Card and will be responsible for all charges made with the Card while in my possession. The KCTCS Procurement Card is to be used for business expenditures only.

I further understand that improper use of the KCTCS Procurement Card may result in disciplinary action, up to and including termination of employment. Should I fail to use this Procurement Card properly, I authorize the KCTCS to deduct from any amounts payable to me, an amount equal to the total of the improper purchases. I also agree to allow the KCTCS to collect any amounts owed by me even if I am no longer employed by the KCTCS. If the KCTCS initiates legal proceedings to recover amounts owed by me under this Agreement, I agree to pay legal fees and any expenses incurred by the KCTCS in such proceedings.

I understand that the KCTCS may terminate my right to use this Procurement Card at any time for any reason. I agree to cease use of and return the Procurement Card to the KCTCS immediately upon request or upon termination of employment.

Printed Name _____ Signature / Date _____

College _____

Supervisor of KCTCS Custodial Card User:

Printed Name _____ Signature / Date _____

College _____

For supervisors of cardholders only:

As a supervisor, I understand that I am responsible to carefully review and approve each cardholder's statement of account each cycle. I agree to review each transaction to ensure compliance and validity as outlined in **Business Procedure 4.2** and the **Procurement Card Guide**. I also agree to ensure that cardholder's fulfill their requirements as outlined in **Business Procedure 4.2** and the **Procurement Card Guide**. I further understand that my negligence in reviewing cardholder statements may result in disciplinary action up to and including dismissal.

Supervisor:

Printed Name _____ Signature / Date _____

Program Administrator (System Office):

Printed Name _____ Signature / Date _____

Revised February 27, 2008