AURORA PUBLIC SCHOOL DISTRICT
PURCHASING CARDHOLDER AGREEMENT

I agree to the following regarding my use of the Aurora Public School District Purchasing Card:

1.   I understand that under no circumstances will I use the Purchasing Card to make personal or non-work related purchases, either for myself or others.

2.   I understand that I will not request or receive cash from suppliers as a result of exchanges or returns.

3.   I understand that I am the only individual authorized to use the Purchasing Card assigned to me. It is not transferable to any other individual.

4.   I understand that Aurora Public School District can terminate my right to use the Purchasing Card at any time for any reason. I agree to return the card to my department administrator immediately upon the request of the Purchasing Department or termination of employment.

5.   I will follow the established procedures for using the Purchasing Card. Failure to do so may result in either revocation of my user privileges or other possible disciplinary actions, up to and including termination of employment.

6.   I have reviewed the Purchasing Card regulations at http://purchasing.aurorak12.org/p-cards/regulations/ and understand the procedures and requirements for using the Purchasing Card.

7.   I agree that should I violate the terms of this Agreement and use the Purchasing Card for personal use or gain that I will reimburse Aurora Public School District for all incurred charges and any fees related to the collection of those charges. If the employee does not reimburse the district directly, a payroll deduction may occur.

8.   I understand that I am required to provide itemized receipts for all transactions made on my P-card. I understand it is my responsibility to reimburse the Aurora Public Schools District if I do not provide itemized receipts for transactions made on my P-card. If the employee does not reimburse the district directly, a payroll deduction may occur.

_____   _____
Employee Name (Type or Print)   Supervisor Name (Type or Print)

_____   _____
Signature   Signature

_____   _____
Date   Date