**CARDHOLDER APPLICATION FORM**

**APPLICANT INFORMATION: (Please print clearly)**

|  |  |
| --- | --- |
| Employee # |  |
| Name (printed) |  |
| Department / School |  |
| Email |  |
| Phone |  |
| Date of Birth |  |

I have read the “Purchase Card Program Procedures Manual” in its entirety. I understand the intent of the program and agree to adhere to the guidelines established for this program. As a cardholder, I understand it is my responsibility to ensure continued compliance with the program while an active cardholder and am aware of where I can obtain the most recent version of the manual to ensure continued compliance.

All purchases must be in connection with my employment and for the benefit of Shakopee Public Schools (the District). I hereby agree to personally pay the District for all unauthorized purchases and if necessary, authorize the District to withhold from my paycheck any amount necessary to pay these charges.

Any misuse of the card or non-compliance with the program may result in revocation of the P-card and disciplinary action as determined appropriate by the Administrator and my supervisor.

**Applicant’s Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SUPERVISOR AUTHORIZATION:**

I hereby grant the above-mentioned applicant authorization to apply for and use the District’s P-card according to the guidelines in the P-card manual. Further, I agree to review and validate all charges, complying with District approved P-card manual and procedures. If the applicant’s employment with the District is terminated, I agree to notify the Administrator immediately.

|  |  |
| --- | --- |
| Name (printed) |  |
| Signature |  |
| Default Budget Code |  |