



MARINETTE COUNTY P-CARD EMPLOYEE AGREEMENT

Cardholder Name: _____ Department: _____

I, as an authorized P-Card holder, fully understand and agree to the following terms and conditions:

1. I accept full personal responsibility for the safekeeping of the P-card assigned to me and agree that absolutely no one other than myself is permitted to use it.
2. I will be making financial commitments on behalf of Marinette County and will always endeavor to obtain fair and reasonable prices.
3. I have received training for the use of the card and agree to follow all established procedures.
4. I will not use the card for unauthorized or personal purchases.
5. I will immediately report the theft or loss of the card to JPMorgan Chase by phone at 1-800-316-6056, to the Finance Department 732-7419 and to my department head.
6. I will surrender my P-Card upon (a) my termination of employment, (b) my transfer to another department within Marinette County or (c) upon the request of my supervisor or the Finance Department. Further, I understand that my last paycheck will be withheld until the P-Card is property surrendered.
7. I understand that any purchases made by me will be recorded and reviewed for payment, possible discrepancies and appropriateness of purchase.
8. I understand that I am responsible for obtaining all original receipts and submitting them in accordance with P-Card procedures.
9. I understand that failure to follow any of the above listed terms and conditions or misuse of the P-Card in any way may result in (a) revocation of the privilege to use the card, (b) disciplinary action up to and including termination of employment and/or (c) criminal charges being filed by JPMorgan Chase and/or the State of Wisconsin.

I hereby accept the above terms and conditions:

_____	_____	_____
Employee (printed name)	Employee Signature	Date Signed

I, as Department Head, assign _____ with an established monthly limit of \$ _____ to be used for all charges related to the use of this P-Card.

_____	_____	_____
Department Head (printed name)	Department Head Signature	Date Signed

Approved by:

Patrick Kass	_____	_____
Finance Director (printed name)	Finance Director Signature	Date Signed

P-Card Issued By: _____ Date Issued: _____

Signature of Cardholder (acknowledging receipt of card)

SIGN THE BACK OF YOUR CARD NOW