

TOWN OF BLACKMOUNTAIN PURCHASE CARD PROGRAM ACKNOWLEDGMENT LETTER AND EMPLOYEE AGREEMENT

I, _____, upon receipt of my procurement card will verify the information contained on the card and attest to its accuracy.

I agree to use this VISA purchasing card in accordance with the guidelines outlined in the Town of Black Mountain Purchasing Card Policy and Procedures. I understand that I am being entrusted with a procurement card and will be making financial commitments on behalf of the Town of Black Mountain and will strive to obtain the best value for the Town. Under no circumstance will I use the purchasing card to make personal purchases, either for myself or for others. I agree that should I willfully violate the terms of this agreement and use the purchasing card for personal use or gain, I will reimburse the Town of Black Mountain for all incurred charges and any fees related to the collection of those charges.

I acknowledge receipt of the policy manual. I acknowledge I have read and will follow the established Town of Black Mountain Purchasing Card Policy and Procedures for using the procurement card. I understand I am responsible for submitting required supporting documentation for purchases to the Finance Department no later than five business days from any purchase I make. Failure to abide by Purchasing Card Policy and Procedures may result in either revocation of my card privileges or other disciplinary actions, including termination of employment.

INITIAL IF YOU AGREE: _____

I understand that my card's activities will be audited randomly at which time I will be responsible for producing the necessary documents to support all charges for the requested period of time.

If the card is lost, stolen or misplaced, I will immediately notify the card company via telephone by dialing the number provided by SunTrust. I also will inform the Town's card administrator in the Finance Department of this loss by calling (828) 419-9303 or (828) 419-9301 *or **1-800-836-8562**. I understand that failure to notify the Finance Department and/or card company of the theft, loss or replacement of the card could make me personally responsible for any fraudulent use. I also understand that unauthorized use of this card may result in immediate disciplinary action which may include termination of my employment and criminal charges.

INITIAL IF YOU AGREE: _____

I agree to surrender the card immediately upon my retirement or termination of employment, or upon the request of any authorized representative of the Town of Black Mountain. I understand that use of the card after privileges are withdrawn is prohibited.

I hereby affirm that I have read, understand, and agree to the Town of Black Mountain Purchase Card Program Acknowledgment Letter and Employee Agreement. I agree to abide by all policies and procedures listed therein.

Employee Name & Department	(print)	Date
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Employee Signature	(print and sign)	Date
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Department Head Signature	(print and sign)	Date
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Finance Director (or designee) Signature	(print and sign)	Date
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