

**State of Montana**

**Employee Agreement to Accept the U.S. Bank Visa® Purchasing Card**

The U.S. Bank Visa® Purchasing Card represents the State's trust in you. You are empowered as a responsible agent to safeguard the State's assets. Your signature below is verification that you have read the Policies and Procedures and agree to comply with it as well as the following responsibilities. It also acknowledges that you have received the U.S. Bank Visa® Purchasing Card

1. I understand the card is for State-approved purchases only, and I agree not to charge personal purchases.
2. I will follow the established procedures for using the Purchasing Card. Improper use of this card can be considered misappropriation of State funds. This may result in disciplinary actions, including termination of employment, criminal action or civil liability.
3. If the card is lost or stolen, I will immediately notify U.S. Bank by telephone. I will confirm the telephone call by mail or facsimile with a copy of the notification to the Program Administrator.
4. I agree to surrender the card immediately upon termination of employment, whether for retirement, voluntary or involuntary reasons.
5. The card is issued in my name. I will not allow any other person to use the card. I am considered responsible for any and all charges against the card.
6. All charges will be billed directly to and paid directly by the State. The bank cannot accept any monies from me directly; therefore any personal charges billed to the State could be considered misappropriation of State funds.
7. As the card is State property, I understand that I may be periodically required to comply with internal control procedures designed to protect State assets. This may include being asked to produce the card to validate its existence and account number. I may also be asked to produce receipts and statements to audit its use.
8. I will receive a Monthly Statement, which will report all activity during the statement period. Since I am responsible for all charges (but not for payment) on the card, I will resolve any discrepancies by either contacting the supplier or the bank.
9. I understand the U.S. Bank Purchasing Card is not necessarily provided to all employees. Assignment is based on my need to purchase materials for the business. My card may be revoked based on change of assignment or location. I understand that the card is not an entitlement nor reflective of title or position.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Employee Printed Name

\_\_\_\_\_  
Supervisor Printed Name

Date: \_\_\_\_\_

Date: \_\_\_\_\_