Polk County Employee
Procurement Card Application

Instructions: Complete the form and submit to Procurement Card Program Coordinator

Employee/Cardholder's Name	Department
*Last four digits of your Social Security Number 999-99- __ __ __ __	Work Phone Number

The Procurement Card is intended for best-judgment purchases. Purchases made with this card must comply with Department of Finance, Purchasing Division Procurement Card Policies and Procedures Guide obtained in training.

The Procurement Card **MAY NOT** be used to purchase the following:

* Legal Services
* Ammunition
* Non-business/personal
* Radioactive materials
* Insurance
* Consulting Services
* Capital Equipment
* Cash Advancement (ATM Machines)
* Telephone calls/mo. charges
* Alcoholic beverages, drugs, or pharmaceuticals

If the card becomes lost or stolen, the Cardholder has the responsibility to immediately notify the procurement card company at **800-344-5696** and the Department of Finance Procurement Card **Program Coordinator at 715-485-9212 or 8212 (internally).**

When a Cardholder terminates employment with the County, the department will reclaim the procurement card and return it to the Department of Finance, Procurement Card Program Coordinator.

Non-adherence to any of the procedures outlined in the Procurement Card Manual may result in revocation of individual Cardholder privileges, the department's privileges and other appropriate disciplinary actions.

As a cardholder of the Polk County procurement card, I understand the responsibility for the protection and proper usage of this card as detailed above as well as written in the informational manual. I understand I will be making financial commitments on behalf of Polk County and will strive to obtain the best value by using suppliers as identified by the Purchasing Department.

X_____ _____
Cardholder's Signature Date

I approve the issuance of a Procurement Card to this County employee and acknowledge the overall responsibility for the proper use of this card.

Card Users Monthly Limit $_____

X_____ _____
Sponsoring Department Authorized Signature Date

X_____ _____
Department of Finance Signature Date

Complete this box when procurement card is issued and return this application form to the Procurement Card Coordinator:

I acknowledge receipt of Procurement Card **X**_____ _____
Cardholder Signature Date

Card Number_____
NOTE: Sign and activate your card immediately upon receipt. Copy to Department head, Card user, and Program Coordinator

* Last 4 digits of your SS# for Activation/Security & Personal Account Information.