



## King County

### Finance and Business Operations Division

Procurement & Payables

M.S. CNK-ES-0340

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www.kingcounty.gov

## KING COUNTY

### Cardholder Agreement to Accept the Purchasing Card

Your participation in the Procurement Card Program is a convenience that carries responsibilities along with it. Although the card is issued in your name, it should be considered King County property and should be used with good judgment. **Your signature below verifies that you understand the Procurement Card Program guidelines outlined below and agree to comply with them.**

1. The Procurement Card is provided to employees based on their need to purchase business-related goods and services. A card may be revoked at any time based on change of assignment or location. The card is not an entitlement nor reflective of title or position.
2. Participants in the Procurement Card Program are obligated to follow the requirements of CON 7-16-2 (EP) "Use of King County Procurement Card for Purchases of Goods and Services, and the King County Employee Code of Ethics, K C C 3.04.
3. The card is for business-related purchases only; personal charges are not to be made to the card.
4. You are the only person entitled to use the card and you are responsible for all charges made against the card.
5. Improper use of the card can be considered misappropriation of King County funds. In accordance with RCW 42.24.100 and RCW 42.24.110, any improper use may result in disciplinary action, up to and including termination and actions as specified in the RCW.
6. All charges are billed directly to and paid directly by the County. Any personal charges on the card will be considered misappropriation of County funds.
7. Cardholders are expected to comply with internal control procedures in order to protect County assets. This includes keeping receipts and packing slips, etc., reconciliation of your monthly statements (manually and on-line as procedures require), and following proper card security measures.
8. Cardholders are responsible for reconciling their transactions weekly and resolving any discrepancies by contacting the vendor/supplier, the department or division card coordinator, or program administrator, as appropriate; and if necessary, initiating an on-line transaction dispute.
9. Cardholders should **immediately report** a lost, stolen, or compromised card to US Bank Customer Service at 1-800-344-5696, to the department/division coordinator, and to the program administrator.
10. A cardholder must surrender his or her card upon termination of employment (i.e., retirement or voluntary/involuntary termination) to their manager. At this point, no further use of the account is authorized.

#### **Public Health Employees only**

11. If you are purchasing services that include the use or disclosure of PHI, a business associate agreement (BAA) may be required. For more information see the [Public Health policy PHL 1-8-1 Business Associates](#) on our [SharePoint Policies Page](#) or contact the Compliance Office at 206-263-9255. All BAA's must go through the agenda process for department signatory approval. Once the BAA is signed by the supplier send the original to Stacy Linardic in CPRES (CNK-PH-1300) to obtain DPH signature.
12. Cardholders are expected to keep all receipts and records related to their card charges for 6 years and to submit them for auditing purposes when requested.
13. For disposal, the supervisor will destroy the P-Card and confirm via email to the division and department coordinators that the card have been destroyed and request the account be closed.

\_\_\_\_\_  
Cardholder Name/Title (*print*)

\_\_\_\_\_  
Manager Name/Title (*print*)

\_\_\_\_\_  
Cardholder Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Manager Signature

\_\_\_\_\_  
Date



King County

## CARD APPLICATION

Please print and Sign

Please check one: P-Card ☐Travel Card ☐Please return the signed application to: P-Card Team, MS: CNK-ES-0340 or scan and email to [P-CardTeam@kingcounty.gov](mailto:P-CardTeam@kingcounty.gov)**EMPLOYEE INFORMATION**

Please enter the name that appears in PeopleSoft

Last Name	First Name	PeopleSoft #
Department	Division	
Section	Job Title	
Business Address	Group	
City	State	Zip Code
Business Phone #	Email Address	

**AUTHORIZATION LIMITS**

Please specify purchasing limits or standard default of \$40,000 monthly credit limit and \$10,000 single purchase limit will be applied to the card. Monthly Credit Limit \_\_\_\_\_ Single Transaction Limit \_\_\_\_\_

**EMPLOYEE/APPROVAL SIGNATURES**

Print Name/Title	Cardholder Signature	Date
Print Name/Title	Supervisor/Manager Signature	Date
Print Name/Title	Division Director Signature	Date
Print Name/Title	P-Card Department Coordinator Signature	Date

**FOR OFFICIAL USE ONLY**

Company \_\_\_\_\_ Division \_\_\_\_\_ Department \_\_\_\_\_ Completed by \_\_\_\_\_

Checkbox	For Internal Use only	Date
<input type="checkbox"/>	Enter application into US Bank	
<input type="checkbox"/>	Add cardholder's information to Hierarchy & Oracle	
<input type="checkbox"/>	Add card number to Home Depot	
<input type="checkbox"/>	Add cardholder's name to ZZGrp, Procurement Card Group	
<input type="checkbox"/>	Complete US Bank user profile & link account number	
<input type="checkbox"/>	Notify cardholder for P-Card order confirmation	
<input type="checkbox"/>	Invite cardholder to the next P-Card training	
<input type="checkbox"/>	Invite and sign up cardholders for Amazon Business	