

# CANYONS DISTRICT PURCHASING CARD NEW ACCOUNT APPLICATION/AGREEMENT

## TO ADD NEW ACCOUNT – COMPLETE ALL LINES

### Card Information

\_\_\_\_\_  
Last Name – up to 20 characters

\_\_\_\_\_  
First Name – up to 12 characters

\_\_\_\_\_  
Employee ID Number (6 digits - found in Skyward)

### Canyons School District Information

\_\_\_\_\_  
School or Department

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Zip code

(\_\_\_\_)\_\_\_\_\_  
Work Telephone

(\_\_\_\_)\_\_\_\_\_  
Optional Telephone

\_\_\_\_\_  
@canyonsdistrict.org

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
Default Accounting Code

\$\_\_\_\_\_  
Default Monthly Credit Limit

\$\_\_\_\_\_  
Default Single Transaction Limit

Detailed justification for credit limits:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## AUTHORIZATION

*Read and review Agreement on the back of this form before signing.*

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Job Position

**EMPLOYEE MUST BE FULL-TIME CONTRACTED**

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

## PURCHASING DEPARTMENT USE

\_\_\_\_\_  
Purchasing Department Approval

\_\_\_\_\_  
Date Approved

\_\_\_\_\_  
Date Entered

\_\_\_\_\_  
Date card received from Bank

\_\_\_\_\_  
Date card sent to card holder

THIS SECTION WILL BE FILLED IN BY PURCHASING DEPARTMENT

\_\_\_\_\_  
Division

\_\_\_\_\_  
Department



Trained \_\_\_\_\_

Date \_\_\_\_\_

Revised 1/6/2025

## Cardholder Agreement Form - Official Agreement to use the Districts' Visa® Purchasing Card

The U.S. Bank Visa Purchasing Card represents our school district's trust in you. You are empowered as a responsible agent to safeguard school district assets. Your signature on the front of this form is verification that you have read the District's policies and procedures and agree to comply with them as well as the following responsibilities:

1. I understand the card is for school district approved purchases only, and I agree not to charge personal purchases.
  2. Improper use of this card can be considered as misappropriation of school district funds. This may result in disciplinary action up to and including termination of employment and prosecution to the fullest extent of the law allowed.
  3. If the card is lost or stolen, I will immediately notify U.S. Bank by telephone (1.800.344.5659). I will confirm the telephone call by mail or facsimile with a copy of the notification to the Purchasing Card Program Administrator.
  4. I agree to surrender the card immediately upon request.
  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 by the District office.
  7. As the card is school property, I understand that I will be required to comply with internal control procedures designed to protect district assets. This may include being asked to produce the card to validate its existence and account number. I will produce a monthly log and attach all receipts for all purchases to document use.
  8. I will receive a Monthly Reconciliation Statement (if card is used during billing cycle), which will report all activity during the statement period. Since I am responsible for all charges on the card, I am responsible to resolve any and all discrepancies.
  9. The charges made against my card are automatically assigned to the cost center assigned to the card as specified by management. This code cannot be changed without management involvement. When changed, the new accounting code will not affect any changes made prior to the change, but will affect future charges.
  10. I understand the U.S. Visa® 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.
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