

**PURCHASING CARD
PROGRAM
CARDHOLDER AGREEMENT**

NUMBER: 047F
EFFECTIVE DATE: 07-03-2012
REVISED;
AUTHORITY: BOC
COUNTY MANAGER: PAW

Storey County is pleased to present you with the Purchasing Card. It represents the County's confidence in you as a responsible employee of the County entrusted to safeguard and protect the County's assets.

As a cardholder, I agree to comply with the terms and conditions of this agreement and the County's provisions of the Purchasing Card Policy provided to me. I acknowledge receipt of the policy and confirm that I have read and understand its provisions. I understand that Storey County is liable to the issuing vendor for all charges made by me.

As the holder of this Purchasing Card, I agree to accept responsibility for the protection and proper use of this card as outlined in the agreement, county policy and any other user guide supplied to me at the time of receipt of this card. I understand that Storey County WILL audit my use of this Purchasing Card. I understand that I CANNOT use the Purchasing Card for the purchase of goods not authorized by my agency and that purchase of such goods shall be deemed an improper use of the Purchasing Card.

I further understand that improper or fraudulent use of this Purchasing Card may result in disciplinary action, up to and including termination of employment, and/or personal liability. Should I fail to use this Purchasing Card properly, I authorize Storey County to deduct from my salary or from any other amounts payable to me, an amount equal to the total of the improper purchases. I also agree to allow Storey County to collect any amounts owed by me, even if I am no longer employed by the County. If Storey County initiates legal proceedings to recover amounts owed by me under this agreement, I agree to pay legal fees or collection cost incurred by the County in such proceedings.

I understand that Storey County may terminate my right to use the Purchasing Card at any time for any reason or without cause. I agree to return the card to the County immediately upon request or upon termination of employment.

Signed this _____ day of _____, 20____ Department: _____

Employee's Signature

Employee's Name (Printed)

Witness/County Comptroller or Designee
Signature

Witness Name (Printed)