

**Pottawattamie County**  
**CREDIT CARD AGREEMENT**

If card is lost or stolen, call 1-833-933-1647 immediately, and notify your Department Head.

The employee listed below has access to a copy of the County's purchasing card policy, and hereby agrees to comply with all terms and conditions set forth therein, including but not limited to:

1. County credit cards are for official County use only. I acknowledge that any misuse of the County Credit Card may result in a suspension and/or termination from use of the Credit Card as outlined in Section 9 of the Policy.
2. Credit card payments must be processed on a timely basis. All charges need accompanying original receipts. A Receipt Affidavit may be used to replace a missing original receipt. See Section 12 of the Policy for details.
3. If appropriate receipts are not turned in and cannot be reproduced, I agree to reimburse the County for any undocumented charges or any charges that do not comply with County policies. Any request for reimbursement will be in writing and specifically state what charges are to be reimbursed. If I fail to reimburse the County within seven days of receiving the written request, I specifically agree that the reimbursement will be withheld from my wages until paid in full; however, at no time shall my pay be reduced below statutory minimum wages.
4. The Credit Card will be immediately surrendered upon retirement, resignation, termination or request of the department head. I understand that the use of the Credit Card for any purpose after its surrender is prohibited.
5. I understand a Credit Card is not provided to all employees. Assignment is based on my need to purchase material for the county and/or to provide for business travel. My use of the Credit Card may be revoked at any time for any reason without notice. I understand that the use of the Credit Card is a privilege, not an entitlement nor reflective of my title and/or my position.

I have read Pottawattamie County Card Policy and procedures and accept them.

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

Date \_\_\_\_\_

Name of Employee \_\_\_\_\_

Company Issuing Card: American National Bank

Please Print Name in above space

Department Head Approval \_\_\_\_\_

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