

## **Purchasing Card Use**

### **1.0 PURPOSE**

The purpose of the Purchasing Card is to establish a more efficient, cost-effective method of purchase and payment for low dollar transactions and also to enhance control, convenience of purchase, reporting and reconciliation.

### **1.1 GENERAL**

- Durham District School Board Purchasing Card is designed to be used for low-value purchase of goods and services under \$2,000.
- Only appropriate Board related expenses may be charged.
- Purchasing cards will be issued to requisitioners upon approval of Principal/Manager.
- The card is attached to the school and remains the property of the card issuer.
- Cardholders will sign an employee acknowledgement form prior to receiving the card (see attached).

### **2.0 CONTROL FEATURES:**

Authorization controls set by the Board include:

- Single transaction limit will be \$2,000
- Monthly credit limit for individual cardholders as follows:
  - o Elementary Schools \$10,000
  - o Secondary Schools \$25,000
  - o Secondary Department Heads \$10,000 up to a maximum of \$25,000 at the discretion of the Principal.
  - o Other/Central \$10,000

For control purposes, the following credit card transaction types will not be authorized:

### **2.1 Travel and entertainment expenditures including:**

- Airlines
- Car Rentals
- Hotels
- Restaurants
- Liquor and Beer Stores

### **2.2 Cash Advances**

### **3.0 P-CARD USE**

### **3.1 Pick-Up Purchases:**

- The card holder selects merchandise and presents it with the card to the cashier.
- The card holder signs a detailed cash register receipt and receives a copy to be retained in his/her records.
- The cardholder then returns the receipt to the office for later reference.

**3.2 ONLINE/TELEPHONE PURCHASES**

The card holder must provide a copy of the invoice and packing slip as support documentation.

**4.0 RECONCILIATION AND PAYMENT**

Each card holder will receive a monthly statement identifying the transactions made during the previous month. DO NOT PAY THIS STATEMENT. The Accounting Department will process the payment.

The following steps are required of each card holder for the reconciliation of all credit card purchases:

- The card holder matches the credit card receipts to the statement.
- The receipts are attached to the statement and submitted to the Principal/Manager or Supervisor for authorization.
- forward the authorized statement and receipts to the Accounts Receivable Department before the end of the month.
- Responsibility rests with the card holder and Principal/Manager to ensure all transactions are accurate and legitimate.

**5.0 TERMINATED OR TRANSFERRING EMPLOYEES**

- The Principal/Manager is responsible for collecting and destroying the card.
- The Principal/Manager notifies the Central Card Coordinator.
- The Central Card Coordinator advises the bank to cancel the card.

**6.0 LOST OR STOLEN CARDS**

- Employees should safeguard this card as they would their own personal credit card.
- The card holder must notify the bank immediately of a lost or stolen card. The bank's phone number is 1-800-588-8065.
- The cardholder must notify the Central Card Coordinator of a lost or stolen card.

**7.0 KEY CONTACTS**

- U.S. Bank Canada Customer Service phone number is 1-800-588-8065.
- Central Card Coordinator is Susan Nakamura, Supervisor of Accounting/F.I.M.S. Co-ordinator (905) 666-6462 or by e-mail: [susan.nakamura@ddsb.ca](mailto:susan.nakamura@ddsb.ca)

**PURCHASING CARD EMPLOYEE ACKNOWLEDGMENT**

This document outlines the responsibilities I have as a holder of a Durham District School Board Royal Bank VISA Purchasing Card for procurement. My signature indicates that I have read and understood these responsibilities and agree to adhere to the policies and procedures established for the program.

1. The purchase card is intended to facilitate the purchase and payment of materials and services required to conduct Durham District School Board business. I will not use the card for any personal purchases.
2. Unauthorized use of the card can be considered misappropriation of funds. Unauthorized use of the card will result in immediate forfeiture of the card.
3. I understand that the card must be surrendered upon termination of employment. I may also be requested to surrender the card for reasons not related to my own personal situation. I may also be asked to temporarily return the card where I am on an extended leave of absence.
4. I will maintain the card with appropriate security whenever and where ever I may use the card. If the card is lost or stolen, I agree to notify the Royal Bank and the card coordinator immediately. I further understand that failure to report a stolen/lost card promptly could result in my being responsible for the first \$50.00 of fraudulent charges.
5. The Durham District School Board Purchasing Card is issued in my name. I will not allow any other person to use my card.
6. I understand that since the Board is responsible for payment and I am required to comply with internal control procedures designed to protect the organization assets. This may include being asked to produce the purchasing card records for audit purposes.
7. I understand that I will receive a monthly statement that will report all activity during the last cycle. I will resolve any discrepancies by either contacting the supplier, Royal Bank, or the Card Coordinator as appropriate. I understand that I will be required to obtain the original detailed cash register receipt or when using the internet, a printed copy of the confirmation and reconcile them with the monthly statement.
8. I understand that all charges will be billed directly to and paid directly by the Board. I understand that Royal Bank cannot accept payment from me directly.
9. I understand that the charges made against my card are automatically recorded against the appropriate budget as specified by management. I agree to charge only those purchases consistent with the type of materials and services authorized by management.
10. I understand that I will not split transactions in order to exceed the approved card limits.

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|------------------------------|------|
| Employee Signature           | Date |
| Employee Name (Please Print) |      |
| School/Department            |      |