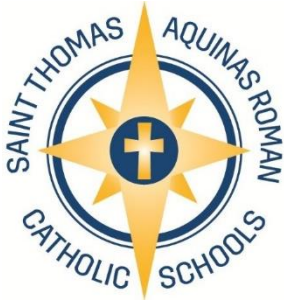


**FORM 516-2**



**Agreement to Accept U.S. Bank Purchasing Card**

The U.S. Bank Purchasing Card represents Division's trust in you. You are empowered as a responsible agent to safeguard Division assets. Your signature below is verification that you have read the Purchasing Card Cardholder Manual and agree to comply with it as well as the following responsibilities. It also acknowledges that you have received the U.S. Bank Purchasing Card.

1. I understand the card is for Division-approved purchases only, and I agree not to charge personal purchases.
2. Improper use of this card can be considered misappropriation of Division funds. This may result in disciplinary action, up to and including termination of employment.
3. If the card is lost or stolen, I will immediately notify the U.S. Bank by telephone. I will confirm the telephone call by mail or facsimile with a copy of the notification to the Program Administrator.
4. I agree to surrender the card immediately upon termination of employment, whether for retirement, voluntary or involuntary reasons.
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 directly by the Division. The bank cannot accept any monies from me directly. Therefore, any personal charges billed to the Division could be considered misappropriation of Division funds.
7. As the card is Division property, I understand that I am required to comply with internal control procedures designed to protect Division assets.
8. I understand the U.S. Bank Purchasing Card is not necessarily provided to all employees. Assignment is based on my need to purchase materials for the Division. 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.

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

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

\_\_\_\_\_  
Employee Printed Name

\_\_\_\_\_  
Approving Manager Printed Name

Date: \_\_\_\_\_

Date: \_\_\_\_\_