



The Corporation of the Town of Newmarket

Purchase Card Policy - Schedules

# SCHEDULE 1 - P-CARD APPLICATION FORM

*Return this completed form to  
the P-Card Coordinator  
Financial Services Department*

## EMPLOYEE INFORMATION

First Name	Initial	Last Name
Employee Number	Commission	Department
Town Facility Office Location		Default Business Unit (i.e. 13221)

The information provided herein is for the sole purpose of the financial institution security. This information is private and confidential and will not be released to other parties without prior written consent of the applicant.

## CARD TYPE REQUESTED AND AMOUNTS

Type	Description	Single Purchase Limit (SPL) \$ Amount – H.S.T. is additional		Total Cycle Dollar Limit (TCDL) \$ Amount – H.S.T. is additional	
Type 1	Basic Cardholder	Maximum:	\$	Maximum:	\$
Type 2	Ghost Card	Maximum:	\$	Maximum:	\$

All Corporate P-Cards will be ineligible to purchase from commodities/services listed in Standard Town Merchant Category Code (MCC) Restrictions, such as; (Services for Ambulance, Veterinary, Medical, Financial, Insurance, Legal, Taxes, and Counselling). For a detailed list see the P-card Policy Appendices Form-07.

<b>Employee Signature</b>		Date:	
<b>Department Head or Commissioner Signature</b>		Date:	
<b>P-Card Coordinator</b>		Date:	
<b>Manager, Financial Services Signature</b>		Date:	

1. The P-Card should arrive in approximately five (5) business days of the submitted request to US Bank.
2. The Cardholder will be notified by Financial Services, when the P-Card has arrived and shall be required to attend a training session with a member of Financial Services P-Card staff.

# SCHEDULE 2 - P-CARD CARDHOLDER AGREEMENT

You are being entrusted with a US BANK Purchase Visa Card (“the Card”). The Card is provided to you based on your need to purchase supplies and/or services for the Town of Newmarket. The Card is the property of the Town of Newmarket and use of the Card may be terminated at any time. Your signature below indicates you have read this Cardholder Agreement and will comply with the terms herein.

- I understand that I shall be making financial commitments on behalf of the Town of Newmarket and shall strive to obtain the best value for Town of Newmarket in any purchase I make.
- I shall obtain **detailed receipts** for all Card transactions (especially at Restaurants where the detailed receipt will show the taxes paid). In order for the Town to receive a tax rebate, the Cardholder shall obtain a detailed receipt, indicating items purchased and the HST paid (where applicable).
- I or a department designate shall review my monthly P-Card statements and reconcile with my receipts.
- I shall follow the procedures and policies outlined for me in the use of the Card. Failure to follow these procedures and policies could be considered as misappropriation of Town of Newmarket funds. Failure to comply with this Cardholder Agreement may result in either revocation of my privileges or other corrective action, up to and including termination of my employment.
- I understand that **under no circumstances will I use the Card to make personal purchases**, either for myself or for others. Using the Card for personal purchases could be considered misappropriation of Town of Newmarket funds and could result in corrective action up to and including termination of my employment.
- I agree that should I violate the terms of this Cardholder Agreement and use the Card for personal use or gain, I will immediately reimburse the Town of Newmarket for all incurred charges and any fees related to the collection of those charges.
- The Card is issued in my name and the name of the Town of Newmarket. **I shall not allow any other person or staff member to use the Card or its number.** I am considered responsible for any and all charges against the Card.
- I shall not split a transaction** to remain under my transaction threshold.
- I shall not use the Card to purchase alcohol. When travelling on corporate business, I shall advise the P-Card Coordinator of my plans at 905-953- 5300.
- I shall not purchase computer equipment or software, without the prior approval of the IT department.
- I shall not purchase office furniture, office equipment or corporate stationery (business cards, letterhead or envelopes), without the prior approval of the Procurement department.
- The Card is the property of the Town of Newmarket. I understand that I may be periodically required to comply with internal control procedures and audits designed to protect the funds of the Town of Newmarket.
- If the Card is lost or stolen, I shall immediately notify the US BANK Visa Business Card Group or US BANK Visa Customer Service at 1.800.588.8065 and the Town of Newmarket P-Card Coordinator at 905-953-5300 during business hours.
- I or my Reconciler will reconcile the statement and I will resolve any discrepancies with the supplier. I will submit all receipts and the transaction statement signed by me to my Department Head for authorization, who will then forward it to the Financial Services Department.
- I agree to surrender the US BANK P-Card immediately at the request of the Manager, Financial Services or upon termination of my employment.
- I have been provided a copy of the P-Card Policy and have received appropriate training.

<b>Cardholder Name</b>		<b>Cardholder Signature</b>	
<b>Date of P-Card Training Session</b>			

## SCHEDULE 3 – P-CARD APPROVER AGREEMENT

The Town’s P-Card program delegates both authority and responsibility for the purchase of low value goods and services to staff, up to the limits approved by the applicable Department Head and/or Commissioner. As the Approver of your staff(s) P-Card monthly statements, it is your responsibility to review and approve these purchases to ensure compliance with the P-Card Policy. This Agreement lists your primary responsibilities in the P-Card Program:

- I shall promptly obtain and review the monthly P-Card Statements and associated transaction records in my area. If all transactions are appropriate I will indicate my review and approval by signing the monthly statement and forward to the Financial Services Department.
- I shall promptly report to the Town’s P-Card Coordinator at 905-953-5300, ext. 2120, any suspected misuse of the P-Card.
- I shall review transactions to ensure that:
  - All receipts are provided for all transactions;
  - In my opinion, the purchases represent the best value for the Town;
  - Transactions are not split;
  - Alcohol is not purchased, except where authorized by this policy;
  - The general ledger account assigned is accurate and complete.
- To reduce the chance of fraud, I shall ensure that P-Card numbers are not written down and/or shared amongst staff.
- I shall ensure that Cardholders promptly report any lost or stolen P-Cards.
- I shall ensure that Cardholders who are leaving employment at the Town return their P-Card to the P-Card Coordinator for cancellation.
- I shall notify the P-Card Coordinator of any changes or deletions to the authorities delegated.
- I have been provided a copy of the P-Card Policy and have received appropriate training.

<b>Approver Name</b>		<b>Approver Signature</b>	
<b>Date of P-Card Training Session</b>			

## SCHEDULE 4 – RECONCILER AGREEMENT

I, the undersigned, hereby acknowledge that I will be responsible for the following:

1. Reviewing transactions in a timely manner and reallocating the purchases to appropriate General Ledger accounts with assistance from either the Cardholder or the Card Approver.
2. Verifying that receipts and other appropriate supporting documentation are attached for all purchases.
3. Notifying the Approver and P-Card Coordinator of any suspected inappropriate or fraudulent card use.
4. I have been provided a copy of the P-Card Policy and have received appropriate training.
5. As an authorized Reconciler, I agree to comply with the terms and conditions of this Agreement and with the P-Card Policy.

<b>Reconciler Name</b>		<b>Reconciler Signature</b>	
<b>Date of P-Card Training Session</b>			

# SCHEDULE 5 – P-CARD MAINTENANCE FORM

(Changes required in card status, employee information, etc.)

## Y TEMPORARY CHANGE

<b>Effective Date</b>		<b>End Date</b>	
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## Y PERMANENT CHANGE

### NAME CHANGE IN CARD INFORMATION

CURRENT NAME INFORMATION		
First Name	Initial	Last Name

REQUESTED NAME CHANGE INFORMATION		
First Name	Initial	Last Name

### CHANGES TO EMPLOYEE WORK AREA AND /OR REPORTING

Previous Commission	Previous Department
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New Commission	New Department
New Cardholder Approver (who will be responsible for approving the Cardholder's P-Card Statement)	Effective Date:

### CHANGES IN TRANSACTION LIMIT AND/OR TOTAL CYCLE DOLLAR LIMIT

Current Single Purchase Limit		Current Total Cycle Dollar Limit	
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Requested Single Purchase Limit		Requested Total Cycle Dollar Limit	
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### APPROVED BY

<b>Cardholder Signature</b>		<b>Date</b>	
<b>Department Head or Commissioner Signature</b>		<b>Date</b>	
<b>Manager, Financial Services (required for limit increases) Signature</b>		<b>Date</b>	
<b>P-Card Coordinator Signature</b>		<b>Date</b>	
<b>Treasurer, Financial Services Signature</b>		<b>Date</b>	

# SCHEDULE 6 - P-CARD NOTICE OF NON-COMPLIANCE

## NOTICE OF NON-COMPLIANCE

This Notice of Non-Compliance will be used by Financial Services to report non-compliance with the P-Card policy.

Detected non-compliance will be escalated and reported to higher senior management on each occurrence of non-compliance by the P-Card User. Non-compliance may lead to:

1. temporary suspension of the card;
2. immediate and irrevocable forfeiture of the card and/or
3. progressive discipline, up to and including termination of employment

### NON-COMPLIANCE ACTIVITY

Transaction Date	State description of non-compliance

### NOTIFICATION

1 <sup>ST</sup> Offense	NOTIFICATION TO BE SENT TO:	DATE OF NOTIFICATION
	Cardholder	
	Cardholder Approver	
	Manager, Financial Services	

2nd Offense	NOTIFICATION TO BE SENT TO:	DATE OF NOTIFICATION
	Cardholder	
	Cardholder Approver	
	Department Head	
	Manager, Financial Services	

3rd Offense - card to be suspended	NOTIFICATION TO BE SENT TO:	DATE OF NOTIFICATION
	Cardholder	
	Cardholder Approver	
	Department Head	
	Commissioner	
	Manager, Financial Services	
	Treasurer	
	CAO (for Commissioner non-compliance)	

## SCHEDULE 7 – RESTRICTED MCC CODES

The following is a list of restricted MCC codes:

<b>MCC CODE RESTRICTIONS – FORM 07</b>	
<b>GROUP A - MCC RESTRICTIONS – ALL CARDHOLDERS ARE RESTRICTED FROM PURCHASING</b>	
742	VETERINARY SERVICES
4119	AMBULANCE
4829	WIRE TRANSFER MONEY
5975	HEARING AIDS
5976	ORTHOPEDIC
6010	FINANCIAL - MANUAL CASH
6011	FINANCIAL - AUTO CASH
6012	FINANCIAL - INSTITUTIONS
6051	FINANCIAL - FOREIGN
6300	INSURANCE SALES
6381	INSURANCE PREMIUMS
6399	INSURANCE DEFAULT
7261	FUNERAL SERVICES
7273	DATING SERVICES
7276	TAX PREPARATION SERVICES
7277	COUNSELLING SERVICES
7297	MASSAGE PARLORS
7995	BETTING & CASINOS
8011	DOCTORS
8021	DENTISTS
8031	OSTEOPATHS
8041	CHIROPRACTORS
8042	OPTOMETRISTS
8043	OPTICIANS
8044	OPTICAL GOODS
8049	CHIROPODISTS



8050	NURSING / PERSONAL CARD
8062	HOSPITALS
8071	MEDICAL / DENTAL LABS
8011	LEGAL SERVICES
8351	CHILD CARE SERVICES
9211	COURT COST/ALIMONY
9222	FINES
9223	BAIL & BOND PAYMENTS
9311	TAX PAYMENTS
<b>GROUP B - ADDITIONAL MCC RESTRICTIONS – MAY BE ADDED TO CORPORATE P-CARDS</b>	
ARIL	AIRLINES
7011	HOTELS/MOTELS/RESORTS
4011	RAILROADS
5681	FURRIERS
5698	WIGS
5921	BEER/WINE
7230	BARBER/BEAUTY
441	STEAMSHIPS
4457	BOAT RENTALS
5271	MOBILE HOMES
5551	BOAT DEALERS
5561	TRAILER CAMPER DEALERS
5592	MOTOR HOME DEALERS
5598	SNOWMOBILE DEALERS