



Portland Public Schools

PCARD APPLICATION

Applicant: Please fill out, sign, and secure your authorizing budget holder/supervisor's signature. Send your completed application and training certificate to pcard@pps.net. For more information on the PCard Program please visit <https://www.pps.net/Page/1317>.

I, _____, (print name) hereby acknowledge that I am a Portland Public Schools (PPS) employee and understand that the PPS PCard should only be used for authorized PPS transactions. Authorized transactions are those which have previously been approved by PPS Administrative procedure or department/office policy, rule, or regulation.

I acknowledge that there is a PPS PCard Manual and agree to read and follow its requirements once approved for a PCard. I understand that I must save **ALL** receipts for each transaction. I will retain such receipts in a receipt folder at my location in hard copy or electronically.

I will surrender the PCard to Purchasing & Contracting upon separation of employment with PPS. I will immediately notify Bank of America and the PPS PCard Manager if the card is lost or stolen.

I understand that misuse or abuse of the card will result in consequences up to and including termination.

I understand that I will be required to reimburse PPS for any unauthorized charges, accidental charges, or charges from misuse or abuse of the card made by me, a family member, or another PPS employee whom I improperly authorized to use my card.

_____ Employee ID #	_____ Username	_____ School/Dept. Name	_____ Department Code
_____ Title	_____ Work Address		_____ Work Phone #
_____ Applicant's Signature		_____ Date	

Budget Holder/Supervisor: I approve the applicant to obtain a PPS issued PCard and attest that I will review and sign off in Works all PCard transactions made by the applicant.

_____ Budget Holder/Supervisor's Name	_____ Budget Holder/Supervisor's Signature	_____ Date
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*Cardholders will not be responsible for external fraud charges.

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