

**BONNEVILLE COUNTY REQUEST FOR SAMS CLUB PURCHASE CARD
CARD ACCEPTANCE/ACKNOWLEDGEMENT FORM**

Date: _____

Annual Fee \$15.00

Department: _____

APPROVING AUTHORITY

Name & Title: _____

Signature: _____

E-Mail: _____@co.bonneville.id.us Phone: _____

REQUESTED CARDHOLDER INFORMATION

Last Name: _____ First Name: _____

Title: _____

Phone: _____

E-mail Address: _____@co.bonneville.id.us

I accept full responsibility for the Bonneville County Sam's Club Purchase Card that will be issued to me and have read and understand the Bonneville County Sam's Club Purchase Card Policies and Procedures (attached) and agree to use the card in accordance with the terms and conditions of those policies. I understand that I am personally liable for all unauthorized or improper card charges that I may incur. If it is determined by my Elected Official, Department Head or the Approving Manager that I have used this card for unauthorized or improper purposes, I shall reimburse the County in full within ten (10) days. If I have not reimbursed the County as requested, I understand and agree that the County shall offset all such unauthorized or improper charges through payroll deduction. Intentional misuse or violation of the Sam's Club Purchase Card Policy will result in disciplinary action up to and including termination and may also result in criminal prosecution.

I understand that this card is valid only while I am employed in this department and that if I transfer to another department, or my employment is terminated, I must relinquish this card immediately to the Approving Manager, Department Head, or Elected Official.

Printed Name

Signature

Date

Date Sent To Commissioners: _____ Date Card Ordered by Clerk's Office: _____

APPROVED BY: BONNEVILLE COUNTY BOARD OF COMMISSIONERS

Roger S. Christensen, Commissioner/Chairman

Bryon Reed, Commissioner

Date Approved: _____

Dave Radford, Commissioner