LIBRARY DEPARTMENT P-CARD RECAP SHEET

Library Location:______________________

DEPT P-Card #___________________________

Custodian Name:__________________________________

Administrator Name: ___________________

Custodian signature:_______________________________

Administrator signature:___________________

I will not use this card and combine with a personal rewards program, even if there is an immediate price discount advantage to the County.

Purchase Date	Vendor	Purpose - see Sample	Charge / Credit Amount	Cost Center/ MOCS	User Name	User Signature	Date Signed Out	Date Returned	Custodian Initials (out/in)

[NEW] Twice a month, scan recap to Shareenj@multco.us: 1. Due on 20th for 1st-19th purchases; 2. Due on 1st for 20th-last day of month purchases.

Follow with originals recap, itemized receipts & all required documents via interoffice mail to LAL/Shareen Jocobs.

MULTNOMAH COUNTY AGREEMENT TO ACCEPT A DEPARTMENT PCARD (DPC)
(a PETTY CASH ALTERNATIVE)
(For permanent County employees only)

I, *_see reverse side for user names*, a current Multnomah County permanent employee, hereby acknowledge receipt of the following Department PCard, to be used for County pre-approved purchases.

Mastercard Account # XXXX – XXXX - XXXX - __ __ __ __

Department Procurement Card Name: MULTCO __ __ DEPT PCARD __ __

As a temporary user of this card, I agree to comply with the terms and conditions of Multnomah County Procurement Card Program Policy and Procedures Manual.   I understand the terms, conditions, and guidelines attached to the use of the card, and understand that the County is liable to Bank of America for all charges made by me.

- **I will not use this card for any transaction that is combined with a personal rewards program, even if there is an immediate price discount advantage to the County.**
- I will be the only person who will sign for purchases with this card. I do not have authority to allow anyone else to make purchases with this card.
- All purchases I make will be within the established credit and single purchase limits.
- All receipts for purchases made with this card will be submitted to the Department Procurement Card Custodian after pre-approved purchases have been completed.
- I understand that the DPC must be returned to the DPC Custodian within 24 hours of purchase
- I will protect the DPC at all times. I will not give the card number to anyone except when making an authorized purchase.
- I will immediately notify the Bank (1.888.449.2273) and the Procurement Card Administrator (503.988.3316) if the card is lost or stolen.
- I will not use the DPC for any restricted items. I understand that I am prohibited from using this DPC for any personal purchases.

I understand that the card is valid only for pre-approved purchases, and I will return the card to the custodian as soon as I have completed the purchase.

I further understand that improper use of this Card may result in disciplinary action, up to and including TERMINATION of employment. Should I fail to use this Card properly, I understand that the County may deduct from my salary that amount equal to the total of the discrepancy. I also understand that the County may elect to collect any such amounts even if I am no longer employed by the County.

I understand the County may terminate my rights to use this Card at any time, for any reason. I agree to return the Card to the County immediately upon completion of pre-approved purchase.

LIBRARY DEPARTMENT P-CARD RECAP SHEET

EXAMPLE

Library Location: GRH

DEPT P-Card #: **GRH01** (1 card per sheet)

Custodian Name: ***Trinh Nguyen***

Administrator Name: ____________

Custodian signature: *Reviewed for completeness & signed*

Administrator signature: *Reviewed & Signed*

I will not use this card and combine with a personal rewards program, even if there is an immediate price discount advantage to the County.

Purchase Date	Vendor	Purpose - see Form Help on next page	Charge / Credit Amount	Cost Center/ MOCS	User Name	User Signature	Date Signed Out	Date Returned	Custodian Initials (out/in)
8/22/18	Star Park	1st Aid & CPR training parking[1]	9.50	805260	Name	*signed*	8/22/18	8/22/18	*TN / TN*
8/23/18	Smart Park	Symphony meeting parking[1]	12.00	805260	Name	*signed*	8/23/18	8/23/18	*GG / GG*
8/24/18	Dollar Tree	WSYL program supplies[2]	15.50	WSYL Prog	Name	*signed*	8/31/18	8/31/18	*GG / TN*
8/25/18	Joann Fabric	Adult program supplies[2]	22.00	Adult Prog	Name	*signed*	8/25/18	8/25/18	*TN / GG*
8/26/18	Joann Fabric	Adult program supplies[2] return	-22.00	Adult Prog	Name	*NA*	NA	NA	*-- / TN*
8/27/18	Walmart	Branch supplies[2]	22.00	805260	Name	*signed*	8/27/18	8/27/18	*TN / TN*
8/28/18	Office Depot	Office supplies[2] (reason on receipt)[3]	18.99	805260	Name	*signed*	8/28/18	8/28/18	*GG / GG*
8/28/18	Target	8/29 Teen Council snack[4]	37.00	805260	Name	*signed*	8/28/18	8/28/18	*GG / TN*
8/31/18	Safeway	8/31 SR vol party snack[4]	47.25	SR Prog	Name	*signed*	8/31/18	8/31/18	*TN / GG*
8/31/18	Pizza Hut	8/31 SR vol party meals[5] (invite & attendance attached)	75.00	SR Prog	Name	*signed*	8/31/18	8/31/18	*TN / TN*
9/2/18	Powell's	Read 4 Life gift cards (form pending for disbursement)[6]	250.00	Special Prog	Name	*signed*	9/2/18	9/2/18	*GG / GG*
9/16/18	Fred Meyer	9/17 Joe Smith retirement refreshment[7] (invite attached)	146.00	805260	Name	*signed*	9/16/18	9/16/18	*GG / TN*

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Notes to DPC custodians on what goes in the Purpose column: Please ask the card user for the following information.

1. **Name of training or meeting.**
2. **Program, office, or branch supplies, no need for date or program flyer.**
3. **Brief reason for not buying from MMP.**
4. **Program date & name snack was served, no need for program flyer.**
5. **Program date & name meals (pizza, sandwiches, salad, entrée) were served, attach party invite & attendance list.**
6. **Pogram name and follow with form signed by gift card recipient. Email Treasury@multco.us CC Shareen before buying gift card of >$50 face value.**
7. **Note date & retiree and attach party invite flyer or email.**