Credit Card Key Department Contact Agreement

Department Name: __________________________________________

Key Department Contact: _____________________________________

Key Department Contact Back-up: _______________________________

As the Key Department Contact, I will:

1. Train the Key Department Contact Back-up on all duties and advise of any updates on policies
2. Accept responsibility for notifying the Auditor’s Office in a timely manner of all cards in circulation along with the authorized user(s) of each card
3. Accept responsibility for security of all cards issued in the name of the department and available for multiple users, and store each in a secure, restricted-access area. I will require cards be logged out and returned by each user, and the cards returned with receipts in a timely manner available for the next user
4. Serve as the liaison and primary contact person with the vendor in resolving erroneous charges, disputed items and tracking credits
5. Serve as the primary liaison with the Auditor’s Office Finance Department
6. Inform users that Vendor (company specific) cards are for purchases as permitted by department policy
7. Inform users that credit cards such as Visa, MasterCard, Discover, etc. are only used for the ten eligible categories as specified in ORC 301.27 which are outlined as follows:
   a. Food Expenses
   b. Transportation Expenses
   c. Gasoline and Oil Expenses
   d. Motor vehicle repair and maintenance expenses
   e. Telephone expenses
   f. Lodging expenses
   g. Internet service provider expenses
   h. Expenses for children being provided temporary emergency care by the agency
   i. Webinar expenses
   j. Automatic or electronic data processing or record-keeping equipment, software or services
Use of these credit cards for any use other than permitted above is a violation of ORC 2913.21. Under no circumstances shall any cash back or cash withdrawal options be used to obtain cash as part of any transaction. Alcohol, entertainment and personal services expenditures are strictly prohibited.
8. Insure that all cards do not exceed departmental limits set on usage or amount
9. Reconcile, approve, insure sufficient funding is available, and match supporting documentation to the card billing statement. I will forward the statement and supporting documentation for payment, in the prescribed time frame to pay the vendor without late fees or interest charged
10. Review all transactions to insure they are for a proper work-related purpose before submitting invoice for payment and question any that do not fit the criteria
11. Work with vendors and advise users that County purchases are tax-exempt
12. Insure any individual cardholder terminating from the department returns the card whereupon, I will cancel the account, destroy the card, and notify the Auditor’s Office. I will also remove their name as an authorized user of a department card, if applicable.

Key Department Contact Signature and date: _________________________________.

Form # Aud-CR
December 2016