

**City of Coral Gables
Purchasing Card Agreement
Card Holder**

I certify that I have received a City of Coral Gables Purchasing Card to be utilized in the performance of my duties for the City. I agree to the following:

1. While making financial commitments on behalf of the City of Coral Gables, I will strive to obtain fair and reasonable value on each purchase.
2. I acknowledge that I am the only person entitled to use the card and I am accountable for all charges made against the card.
3. I agree to use the Purchasing Card solely for allowable purchases directly related to the performance of my duties and I understand that I cannot use the Purchasing Card for personal use or for non-City business purposes. Should I use the Card for non-City business purposes, or in violation of established policies, I agree to reimburse the City for any costs associated with such misuses.
4. I acknowledge, agree, and authorize that should I fail to timely reimburse the City for any personal use or non-City business purpose purchase or charges on the City Purchasing Card, the City may deduct the amounts necessary to recover the costs of said purchases or charges from my salary or wages or accrued leave balances. I understand that such deductions shall continue from paycheck to paycheck until all amounts due are recovered by the City. If my employment with the City terminates before the aforementioned is repaid, any balance still owing may be taken out of my final paycheck. I further acknowledge and agree that this authorization is pursuant to and consistent with the provisions of Section 112.171, Florida Statutes.
5. I acknowledge that I have received the established Policies and Procedures for the Use of the Purchasing Card and will follow the policies and procedures. Failure to follow these policies and procedures may result in revocation of my privilege to use the Card and/or disciplinary action up to and including termination of employment.
6. I acknowledge that I am responsible for reconciling the monthly Statement of Account and resolving any discrepancies by contacting the vendor and notifying the P-Card Administrator.
7. I agree to return the Card immediately upon request or upon termination of employment or transfer to another position, division or department.
8. If the Purchasing Card is lost or stolen, I agree to notify the Purchasing Card Administrator and the Purchasing Card Company immediately.

I certify that I have received the City Purchasing Card identified below and a copy of the City of Coral Gables policies and procedures related to said Card; and I understand and agree to the terms set forth therein. I acknowledge that I have received the Purchasing Card training that allows me to use the Card. I agree that I will relinquish my Purchasing Card to the City of Coral Gables when requested to do so. I also understand that failure to use the Purchasing Card in accordance with all rules and regulations may require relinquishing the Card, reimbursement to the City, deduction from my salary, wages or leave accrual balances and/or disciplinary action up to and including termination of employment. I further understand that the City has zero tolerance for any purchases of a personal nature.

Note: Purchasing Card may only be assigned to full time employees.

Employee's Signature

Date

Employee's Name (Print)

Card Number (last four digits)

Original: Procurement Division
Copy: Employee

(P-Card-002)

**City of Coral Gables
Purchasing Card Agreement
Designated Approver**

I certify that I have been designated as an approver for the City of Coral Gables Purchasing Card, which is utilized by members of my department as they carry out their responsibilities for the City. I have been provided an overview of the program and have received a copy of the policies and procedures.

I am the designated approver for the following individual cardholders:

I agree to do the following:

1. Approve transactions on behalf of the City of Coral Gables and assure that all purchases are for reasonable use in my department.
2. Review all documents for sales tax compliance. Assure that the receipts contain an appropriate description of all purchases so that anyone unfamiliar with the details of the function can determine what was purchased.
3. Acknowledge that I have received policies and procedures for the use of the purchasing card and will only approve transactions for purchases following the policies and procedures which include zero tolerance for personal purchases. Approval of payments that failed to follow these policies and procedures may result in revocation of any authorization to approve purchases and/or disciplinary action up to and including termination of employment.

I certify that I understand my responsibilities when approving the payment of bills from the City of Coral Gables Purchasing Card, and I am subject to disciplinary action for improper payment authorization.

Note: Designated Approvers are limited to Department Directors, Assistant Directors or equivalent position.

Designated Approver's Signature

Date

Designated Approver's Name (Print)

Department / Division

Requesting Department Director's Signature

Date

Original: Procurement Division
Copy: Employee

(P-Card-003)

**City of Coral Gables
Purchasing Card Missing Receipt Documentation Form**

Cardholder Name: _____

Vendor: _____

Amount: _____

Reference Number: _____

Billing Cycle Close Date: _____

Description of Purchase:

I hereby certify that the receipt for the above item(s) is missing and that the purchase was made for legitimate business reasons using the policies and procedures outlined within the City's ordinances.

Cardholder's Signature Date

Director's Signature Date

(P-Card – 004)



Customer Statement Of Disputed Charge

- Keep a copy for your records before sending the dispute form.
- Send this form to SunTrust Banks, Inc., Attention: Commercial Card, P.O. Box 4910, Orlando, FL, 32802-4910 or fax to (407) 762-5405.
- For Dispute Inquiries, call (800) 836-8562.

Name		Signature (Required)		Date
Account Number		Best Contact Number	Home Telephone Number	
Transaction Date	Posting Date	Business Telephone Number	Cell Number	
Merchant Name		Dollar Amount		

Choose only one dispute reason.

The amount of the charge was increased from \$_____ to \$_____ or my sales slip was added incorrectly. Enclosed is a copy of the sales slip that shows the correct amount.

I have not received the merchandise that was to be shipped to me by the expected delivery date of __/__/__, (MM/DD/YY). I have asked the merchant to credit my account.

I was issued a credit slip that has not shown on my statement. A copy of the credit slip is enclosed. The merchant has up to 30 days to credit the account.

Merchandise that was shipped to me has arrived damaged and/or defective. I returned it on __/__/__ (MM/DD/YY) and asked the merchant to credit my account. Enclosed is a letter describing how the merchandise was damaged and/or defective and a copy of my return receipt. (REQUIRED)

Although I did engage in the above transaction, I have contacted the merchant, returned the merchandise on __/__/__ (MM/DD/YY) and requested a credit. I either did not receive this credit or it was unsatisfactory. Attach a letter explaining why you are disputing this charge with a copy of proof of return. Also, if you are unable to return the merchandise, explain.

The services that were to be provided on __/__/__ (MM/DD/YY) were not received or were unsatisfactory. I contacted the merchant by phone or e-mail on __/__/__ (MM/DD/YY) for credit. Attach a letter describing the services you expected, the merchant's response to your attempts to resolve the dispute and enclose a copy of your sales contract/agreement.

I certify that the charge in question was a single transaction, but was billed _____ times for the same charge by this merchant. I did not authorize _____ transactions. Enclosed is a copy of my sales slip.

Sale Number 1	Reference Number 1
Sale Number 2	Reference Number 2

I received the merchandise or services; however, the merchant was paid by another method, (cash, check(s), or another credit card)
(PROOF OF PAYMENT REQUIRED)

I notified the merchant on __/__/__ (MM/DD/YY) to cancel the pre-authorized order. I am requesting a credit. Send copy of cancellation letter or note person spoke with at time of cancellation. Give cancellation number _____ and reason for cancellation _____.

I notified the merchant and cancelled the hotel, motel or lodging reservation(s) on __/__/__ (MM/DD/YY). The cancellation number or code is _____.

Cash received by ATM was less than requested. Amount requested \$_____. Amount received \$_____. Provide copy of ATM receipt

I certify that I do not recognize the transaction. Merchants often provide telephone numbers next to their name on your billing statement. Attempt to contact the merchant for information.

I certify that the charge listed above was not made by me or a person authorized by me to use my card, nor were the goods or services represented by the transaction received by me or a person authorized by me.

My credit card was
 Stolen Lost Never Received
 Never Out of My Possession, But Still Misused
 on or about __/__/__.

If your dispute is for a different reason, contact us at the above telephone number. For prompt service, have the account number available for the charge in question.

If needed, add another sheet for additional comments and/or disputed charges.

I am no longer disputing this previously disputed transaction.