

Exhibit 1

**City of Houston
Purchasing Card (PCard)
Internal Cardholder (Employee) Agreement Form**

I, _____, agree to the following regarding my use of the City of Houston Business Account Purchasing Card (PCard):

1. I understand that I am being entrusted with a powerful and valuable tool - a corporate credit card - and will be making financial commitments on behalf of the City of Houston. I will strive to obtain the best value on behalf of the City of Houston.
2. I will not allow others to use my PCard and will ensure that my PCard is kept securely at all times.
3. I understand that under no circumstances will I use the PCard to make personal purchases, either for others or for myself. There is no provision for personal purchases and subsequent reimbursements to the City of Houston.
4. I understand that the PCard may be only used for business expenses.
5. I will endeavor to obtain receipts, which reflect the sale amount excluding tax paid to the vendor, and which detail items purchased.
6. I will follow the established procedures for use of the PCard and submit my statement, with all receipts attached, my Authorized Approver within three working days of distribution of cardholder statements. Failure to do so may result in revocation of my use privileges and/or my purchases being considered personal purchases, therefore requiring me to reimburse the City of Houston.
7. I am aware of my PCard credit limits and will abide by those limits.
8. I agree that should I willfully violate the terms of this agreement and use the PCard for personal use or gain that I will reimburse the City of Houston for all incurred charges and any fees related to the collection of those charges.
9. I will surrender my card to my Departmental Purchasing Card Coordinator upon request and/or termination of my employment with the City of Houston.
10. This credit card may not be used as a reference to secure other personal credit cards.

Employee Signature _____ Employee # _____

Employee Name (Print) _____ Date _____

Social Security No.: _____ - _____ - _____

Work Phone _____ Home Phone _____

Department Name _____ Fund/Agency/Org ____ / ____ / ____

Justification for Card Assignment: _____

Suggested Spending Authority Single Purchase Limit: \$ _____ Monthly Purchase Limit: \$ _____
\$2,000 max. \$5,000 max.

Suggested Spending Profile(s): _____

Authorized Approver Signature _____ Date _____

Authorized Approver Name (Print) _____

Departmental Purchasing Card Coordinator Approval _____

**City of Houston
Purchasing Card (PCard)
Internal-Lost/Stolen Card Form**

Cardholder Information:

Cardholder Name: _____

Purchasing Card Number **(Last 8 digits only):** _____

Department _____

Date card was lost/stolen _____

Date card was last used _____

Last transaction date: _____

Last transaction amount \$ _____

Merchant name: _____

Merchant City and State: _____

Immediately call JPM Chase Bank at 1-800-890-0669 and report your card, then submit this form to your Departmental Purchasing Card Coordinator.

Reported lost/stolen card on _____ (date) at _____ (time) to

_____ (Bank employee name)

CARDHOLDER SIGNATURE

DATE

Route to:

Approving Manager: _____ Date: _____

Departmental Purchasing Coordinator: _____ Date: _____

Forward to the Purchasing Card Program Administrator in the Procurement Services Division of Finance and Administration

Exhibit 3

**City of Houston
Purchasing Card Dispute/Resolution Form**

Date: _____

Department/Division Name: _____

Purchasing Card Account Number: _____

Transaction Date: _____ Posting Date: _____ Transaction Amount: _____

Merchant Name & Address: _____

Please take a moment and check the appropriate statement below that validates your dispute. Please attach any supporting documentation that validates your dispute, such as: credit memos, letter to merchants, sale slips or proof of payments.

____ I certify that the transaction disputed was not made by me or the person authorized by me to use the card, nor were the goods or services represented by this transaction received by myself or a person authorized by me.

____ Although I did engage in the above transaction, I am disputing the entire charge, or a portion in the amount of \$ _____. I have contacted the merchant and requested a credit to my account for the reason explained in the attached letter.

____ The enclosed sales slip amount for \$ _____ appeared on my statement as \$ _____.

____ The enclosed credit memo has not posted to my account OR was listed as a purchase on my statement/activity report.

____ I did not receive the service and/or merchandise. I have contacted the merchant and they have not resolved my dispute. I expected to receive the merchandise/services on ____/____/____.

____ I have already paid for the transactions shown above by: ___ check ___ cash ___ money order
___ Purchasing Card.

Cardholder Signature

Date

Work Phone Number

ROUTE to:

Approving Manager: _____ Date: _____

Department Purchasing Coordinator: _____ Date: _____

Forward to the Purchasing Card Program Administrator in the Strategic Purchasing Division of Finance & Administration.

****** You have only 60 days from the posting date statement to dispute a charge.**

