

## One Card Alaska Charge Card Program Cardholder Usage Agreement

The State of Alaska (State) has contracted with U.S. Bank National Association ND for the One Card Alaska program charge card payment services. U.S. Bank issues commercial charge accounts through Visa. These charge accounts are corporate liability and all amounts charged are paid directly by the State. Each employee issued a One Card Alaska Visa charge card (Card) must be familiar with State policies contained in the Alaska Administrative Manual (AAM) section 38 governing use of the Card and must concur with the terms of this Cardholder agreement prior to receiving a Card.

Please read and sign this Cardholder usage agreement. By signing this document, you explicitly agree to use your Card in accordance with the following terms and conditions:

1. A Card is being issued to me solely because of my relationship with the State. I understand the Card is the property of the State. I agree to use the Card only for my State-authorized purchases as indicated below:
  - \_\_\_\_\_ (a) For purchases in accordance with State procurement policies (AAM 81 and 82), department procurement policies, and any federal requirements.  
                   **Optional:** Monthly Limit \_\_\_\_\_ Original Single Purchase Limit \_\_\_\_\_
  - \_\_\_\_\_ (b) For business travel expenses in accordance with State travel policies (AAM 60t and 60m).  
                   **Optional:** Monthly Limit \_\_\_\_\_ Original Single Purchase Limit \_\_\_\_\_
2. I agree to comply with AAM requirements to promptly submit to administrative staff all receipts, invoices, and documentation for purchases made with the Card.
3. I understand use of this Card for charges other than State-authorized purchases or travel expenses represents misuse of the Card. I will ensure the Card is in my possession or secured at all times to prevent theft of the Card and consequential fraudulent charges. If my Card is lost or stolen, I will immediately report this to my agency card administrator.
4. I understand that misuse of this Card may result in, but is not limited to, revocation of purchasing authority, revocation of the Card, and discipline up to and including dismissal in accordance with applicable collective bargaining agreements. I understand that misuse of the Card may constitute a violation of the Alaska Executive Branch Ethics Act, which may result in civil penalties of up to \$5,000. In addition, I understand that unauthorized use of a card for personal purposes is theft under AS 11.46, and if the amount is over \$1000, I may be subject to felony prosecution.
5. I understand the State will take such action as it deems necessary to recover: 1) Any improper amounts charged, 2) Late fees, 3) Legal fees, and 4) Any other expenses incurred by the State as a result of my misuse of the Card. Such action includes withholding from my paycheck the amount of any improper charges and resulting expenses.
6. I understand every amount billed to the Card is considered a matter of public record, and, consequently, may be disclosed to the public, the news media, and/or other requesting parties.
7. I will promptly destroy the Card when instructed to do so by the State agency that issued the Card, upon transfer to another State agency, or upon termination of employment.

**By signing this agreement, I acknowledge that I fully understand the obligations and conditions of State Card use, and agree to adhere to policy provisions contained herein by reference and contained in AAM 38.**

Cardholder's Signature	Date Signed	Cardholder's Employee ID or other ID
Cardholder's Printed Legal Name with Middle Initial	Department/Division	
Cardholder's State Email Address	Cardholder's Work Phone Number	

**I approve this card request in accordance with AAM 38.300.**

Supervisor, Manager or Division Director Signature	Authorizing Individual's Printed Name
Date Signed	Authorizing Individual's Title

**I acknowledge receipt of this signed cardholder usage agreement form.**

Department Program Administrator Signature	Department Program Administrator's Printed Name
Date Received	Department Program Administrator's Title