One Card Alaska Charge Card Program for Vessels and Terminals 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 vessel/terminal 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 a vessel/terminal and I an understand the Card is the property of the State. I a accordance with State procurement policies (AAM requirements.	agree to use the Card o	only for my State-authorized purchases in
	Monthly Limit	Single	e Purchase Limit
2.	I agree to comply with AAM requirements to prom- documentation for purchases made with the Card.	ptly submit to adminis	strative staff all receipts, invoices, and
3.	the Card. I will ensure the Card is in my possession	other than State-authorized purchases or travel expenses represents misuse of possession or secured at all times to prevent theft of the Card and consequential 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 agreement 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 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.		
	understand every amount billed to the Card is considered a matter of public record, and, consequently, may be lisclosed to the public, the news media, and/or other requesting parties.		
6. D	<u> </u>		
By ag	r signing this agreement, I acknowledge that I fully ree to adhere to policy provisions contained herein teceiver's Signature	understand the obli	
By agr	r signing this agreement, I acknowledge that I fully ree to adhere to policy provisions contained herein	y understand the oblin	ontained in AAM 38.
By agr	r signing this agreement, I acknowledge that I fully ree to adhere to policy provisions contained herein deceiver's Signature	y understand the oblin	Receiver's Employee ID or other ID
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R R R S	ree to adhere to policy provisions contained herein Ecceiver's Signature Ecceiver's Printed Legal Name with Middle Initial Ecceiver's State Email Address pprove this card request in accordance with AAM	y understand the obline by reference and co Date Signed 1 38.300. Authori	Receiver's Employee ID or other ID Department/Division Receiver's Work Phone Number
R R R S D	ree to adhere to policy provisions contained herein Eleceiver's Signature Eleceiver's Printed Legal Name with Middle Initial Eleceiver's State Email Address pprove this card request in accordance with AAM upervisor, Manager or Division Director Signature	Date Signed 1 38.300. Authori	Receiver's Employee ID or other ID Department/Division Receiver's Work Phone Number izing Individual's Printed Name
By agr	ree to adhere to policy provisions contained herein deceiver's Signature deceiver's Printed Legal Name with Middle Initial deceiver's State Email Address pprove this card request in accordance with AAM upervisor, Manager or Division Director Signature Date Signed	Date Signed I 38.300. Authori Authori ge agreement form.	Receiver's Employee ID or other ID Department/Division Receiver's Work Phone Number izing Individual's Printed Name