

PTA/PTSA PREFUNDED SPENDING CARD AGREEMENT

We, _____ (name of PTA/PTSA), hereby authorize

_____ (name of person receiving prefunded spending card)

to use the card for pre-approved budgeted items for _____ PTA/PTSA business.

By accepting the card, _____ (individual's name), agrees to the following:

1. The card will be used for pre-approved budgeted items only.
2. No cash or store credit will be received back from any transaction.
3. All receipts will be saved and submitted with the Prefunded Spending Card Form.
4. The card will not be given to non-PTA/PTSA board members.
5. The card will not be used for non-PTA/PTSA related items.
6. The card will not be used to purchase alcoholic beverages.
7. Each time the card is used, the receipt will be attached to a completed Prefunded Spending Card form and immediately given to the treasurer.
8. Any charges for which a Prefunded Spending Card form has not been submitted within 30 days will be considered the personal responsibility of the card holder and will be repaid to the PTA/PTSA.
9. All Prefunded Spending Card forms for volunteers will be reviewed and approved by the president and treasurer.
10. All Prefunded Spending Card forms for the president will be reviewed and approved by the treasurer and vice versa.
11. All completed Prefunded Spending Card forms will be reviewed monthly by a non-signer on the checking account.
12. If fraudulent activity is suspected, it will be investigated, referred to the proper authorities and criminally prosecuted as deemed appropriate.

All Prefunded Spending Card forms will be reviewed and signed by the president, treasurer, and school principal.

I agree to all items set out above and hereby accept the prefunded spending card for _____ PTA/PTSA. I understand the card must be returned immediately upon my resignation, termination, at the end of my term of office from this PTA/PTSA board, upon completion of the program/event for which I have been given authority to use the card or upon written request of the _____ PTA/PTSA.

AUTHORIZED USER

Print Name	Signature	Date
Expense Card #	Expiration Date	
Date Card Issued		