

Appendix 3.2 NFR-10 Procurement Cards, Credit Cards and Fuel Cards

Health Service Executive – Credit Card Employee Agreement

I, _____ hereby accept a HSE Credit Card which will only be used to acquire HSE authorised materials and supplies and not to exceed my transaction and monthly credit limits outlined hereunder:

Transaction limit	€
Monthly Credit Limit	€

As a cardholder, I agree to comply with the following terms and conditions regarding my use of the Card. I confirm my understanding that I am accountable and responsible for the budget assigned to them and shall act responsibly and proactively to manage the spend in accordance with HSE policy:

1. **Official Use:** I agree to use this Card for authorised official business purchases only. I agree and undertake not to charge personal purchases.
2. **Liability:** I understand that HSE is liable to the bank for all charges made on the Card.
3. **Responsibilities:** I will be responsible for each order processed to ensure timely reconciliation of the monthly procurement card statements and follow through on any disputes
4. **Procedures:** I have been given a copy of the HSE Credit Card Program procedures and understand the requirements for use of the Card. I will follow the established procedures for the use of the Card.
5. **Return of Card:** I agree to return the Card immediately upon request or upon termination of employment (including retirement).
6. **Changes:** Should there be any organisational change that causes my charge code to change, I also agree to return my Card and arrange for a new one, if possible.
7. **Lost Card:** If the card is lost or stolen, I agree to notify the Office of the DG and Bank immediately.

Cardholder Signature: _____ Date: _____

Cardholder Address: Office of the CEO, HSE, Dr. Steevens Hospital, Dublin 8.

Authorised by: _____
(Line Manager)

Approved by: _____
(CEO or Officer Designate)