

## **KEWAUNEE COUNTY CREDIT CARD POLICY**

### **Purpose**

To establish a method for use and define the limits of the use of County issued credit cards. These cards are provided to approved staff in order to make purchases of services on behalf of Kewaunee County.

### **Procedure**

1. A department head must submit in writing a request for a staff person to receive a credit card. The letter must include person's name, reason for credit card and the limits and restrictions requested.
2. The County Administrator shall give approval of the credit card. Any appeals to his decision will be taken to the Finance and Public Property Committee.
3. The County Administrator shall maintain all records of credit card requests, approvals, limits and lost/stolen/destroyed information.
4. Each credit card has the cardholder's name on it and shall be used only by the Cardholder. No other person is authorized to use that card unless a letter of authorization has been completed giving another person access to the card. See Letter of Authorization Form. The Cardholder may make transactions on behalf of others. At all times the Cardholder is responsible for all use of his/her card.
5. The credit card shall not be used for the following:
  - Personal purchases or identification
  - Cash advances
  - Entertainment expense
  - Telephone calls or monthly service
6. Prior to separation from the County or transfer to another department, the Cardholder shall surrender the credit card to the County Administrator. The County Administrator shall notify the bank to close the account.
7. Prior to receiving the card the employee shall sign the "Employee Agreement" which shall be filed with the County Administrator.
8. All credit card receipts must be turned in to the County Clerk's office to process the monthly payment.
9. No interest charges shall be incurred.
10. Any misuse of the County Credit Card will be subject to discipline.

## CREDIT CARD

### Receiving a Credit Card

Department heads may propose personnel to be Cardholders by contacting the County Administrator.

1. The proposed Cardholder shall be issued a copy of this procedure and shall be required to sign a cardholder enrollment form and employee agreement. The agreement (attached) indicates that the Cardholder understands the procedure and the responsibilities of an Elan Visa Cardholder. The enrollment form indicates all information needed to set the Cardholder up properly in the credit card system.
2. The County Administrator shall maintain all records of credit card requests, limits, cardholder transfers and lost/stolen/destroyed card information. The County Clerk shall maintain payment and auditing responsibility of all cardholder accounts.

### Authorized Credit Card Use

The credit card that the Cardholder receives has his/her name embossed on it and shall be used by the Cardholder. Kewaunee County shall be embossed on the card under the Cardholder(s) name. The Cardholder may make transactions on behalf of others in their department. However, the cardholder is responsible for all use of his/her card. Cardholders may issue a "letter of authorization" to other employees in their department to use their credit card. This authorization must be approved by the employee's supervisor.

Use of the credit card shall be limited to the following conditions:

1. The total value of a transaction shall not exceed a Cardholder's single purchase limit.
2. Spending limits must be adhered to.
3. The Cardholder shall inform the vendor that the goods/services are to be tax exempt prior to being purchased.

### Unauthorized Credit Card Use

The credit card SHALL NOT be used for the following:

*Single purchase transactions exceeding credit limit; or*

Alarm/Security systems	Legal services
Alcoholic beverages, drugs, or pharmaceuticals	Ammunition
Capital equipment	Cash advances (ATM machines)
Nonbusiness/Personal items/services	Furniture
Consulting services	Insurance
Tax reportable services	Temporary help/clerical/labor
Telephone call/monthly services	

You may **not** use the Card for travel expenses that would not normally be reimbursable by the County; such as movies charged to a hotel room, alcoholic beverages on a meal bill, or any charges for spouses or guests that may be accompanying you on your trip. These types of charges are not reimbursable expenses and should not be put on your

County Credit Card. If these types of un-reimbursable charges are incurred, you must either have the hotel or restaurant separate the charges so you may pay only the appropriate County charges with your Card and pay the other charges either with cash or a personal credit card or you could pay the entire bill with cash or a personal credit card and submit a Travel Expense Voucher to request reimbursement for the authorized expenses.

Any use of the County Credit Card that is not in accordance with policy and procedures will result in disciplinary action.

### **Cardholder Record Keeping**

1. Whenever a credit card purchase is made, either over the counter or by telephone, documentation shall be retained as proof of the purchase. Such documentation (receipts, verbal confirmation numbers, names) will be used to verify the purchases listed on the Cardholder's monthly statement of account.
2. When the purchase is made over the counter, the Cardholder must retain the invoice and customer copy of the charge receipt. Prior to signing this slip, the cardholder is responsible for making sure that the vendor lists the quantity, fully describes the item(s) and excludes sales tax on the charge slip. The transactions details shall also be added to the Cardholder's "Purchasing Log". (Attached.)
3. When making a purchase by telephone, the Cardholder shall also document the transaction on the "Purchasing Log".

### **Review of Monthly Statement**

1. At the end of each billing cycle, the department shall receive from the County Clerk's office a copy of the monthly statement of account that will list the Cardholder's name and transaction for that period.
2. The Cardholder shall check each transaction listed against his/her purchasing log and receipts to verify the monthly statement.
3. The original sales documents, (invoice, cash register tape and credit card slips, etc.) for all items listed on the monthly statement **MUST** be neatly attached, in purchasing log sequence, to the statement. This data attached is critical to enable audit substantiation. If this routine is not adhered to, the credit card will be revoked. The careful matching of complete support documents to the log and then to the statement is vital to the successful use of this program.
4. After the review, the Cardholder shall sign the statement and present the monthly statement to his/her approving supervisor for approval and signature. The

Cardholder shall verify that the reviewed and approved statement is forwarded to the County Clerk's office.

5. The approving supervisor shall check the Cardholder's monthly statement and purchasing log and confirm with the Cardholder the following items as a minimum:
  - Receipts exist for each purchase
  - The services were performed
  - The Cardholder has complied with applicable procedures, including this procedure.

The approving supervisor's signature/approval of a Cardholder's monthly statement indicated the Cardholder was authorized to make those purchases and those purchases were made in accordance with the applicable procedures.

6. The Cardholder shall review the monthly statements and secure his/her approving supervisor's approval within five (5) working days of receipt. Approved monthly statements and appropriate logs and documents shall be forwarded immediately to the County Clerk's office.
7. If the Cardholder does not have documentation of a transaction listed on the monthly statement, he/she shall attach an explanation that includes a description of the item(s) purchased, date of purchase, Vendor's name and reason for the lack of supporting documentation.
8. If the cardholder is disputing a charge, he/she shall complete a dispute form and include it with the statement package.

If credits are not listed on the monthly statement, the appropriate transaction documentation shall be retained by the cardholder until the next monthly statement. If the purchase or credit does not appear on the statement within 60 days after the date of purchase, the cardholder or approving supervisor shall notify the County Clerk's office.

## **Card Security**

1. It is the Cardholder's responsibility to safeguard the credit card and account number to the same degree that a Cardholder safeguards his/her personal credit information.

The Cardholder must not allow anyone to use his/her account number unless a letter of authorization is issued by the cardholder. A letter of authorization must be approved by the employee's supervisor. A violation of this trust will result in that Cardholder having his/her card withdrawn and disciplinary action.

2. If the card is lost or stolen the Cardholder shall immediately notify ELAN at 1-800-558-3424 (TDD 1-888-352-6455). Representatives are available 24 hours a day.

The representative will also verify the last transaction made before the card was lost or stolen. The County Administrator must also be notified.

3. A new card shall be promptly issued to the Cardholder after the reported loss or theft. A card that is subsequently found by the Cardholder after being reported lost shall be returned to the County Administrator where it will be destroyed.

### **Cardholder Separation**

1. Prior to separation from the County, the Cardholder shall surrender the credit card and current credit card purchasing log to his/her approving supervisor. Upon its receipt, the approving supervisor will review, approve and forward to the County Clerk the month end credit card statement and forward the credit card to the County Administrator.

### **Late Payment/Replacement Cards**

1. Each account is subject to the following additional fees from ELAN.
  - \$35.00 late charge if any minimum payment is not paid in full or before the due date shown on the monthly statement issued immediately after the monthly statement on which the unpaid minimum payment first appears.
  - Reasonable charges according to the then current fee schedule for additional copies of monthly statements, drafts, and receipts requested. Fees imposed will be posted to the account. However, copies of monthly statements may be viewed online via the internet at no charge at this address:  
[www.unionstatebank.org](http://www.unionstatebank.org); click the link to ELAN Credit Card.

All of the above fees will be charged to the appropriate department in which they occur. The account number that will be charged will be determined between the County Clerk and the Department Head.

**CREDIT CARD AUTHORIZATION FORM  
KEWAUNEE COUNTY**

Date: \_\_\_\_\_

Corporate Account Number: \_\_\_\_\_

Name of Existing or New Cardholder: \_\_\_\_\_

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Request for New Card – Please complete the following:

- Cardholder Name: \_\_\_\_\_
- Credit Limit: \$ \_\_\_\_\_
- Employee # \_\_\_\_\_ Department \_\_\_\_\_

Credit Limit Increases – Complete the following:

- Card Number: \_\_\_\_\_
- Name: \_\_\_\_\_
- Permanent: \$ \_\_\_\_\_ Temporary \$ \_\_\_\_\_  
If temporary, increase good through: \_\_\_\_\_
- Credit Limit Requested: \$ \_\_\_\_\_

Cancellation/Lost Card – Circle one and complete the following:

- Card Number: \_\_\_\_\_
- Replacement Needed: Yes\_\_\_\_ No\_\_\_\_

Other Changes – Complete the following:

- Card Number: \_\_\_\_\_
- Name Change: From: \_\_\_\_\_  
To: \_\_\_\_\_
- Add Merchant Category Code  
\_\_\_\_\_
- Other (explain)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

## Employee Agreement

I, (employee name) \_\_\_\_\_, hereby request a Credit Card or use of a Credit Card. As a holder I agree to comply with the following terms and conditions regarding my use of the card.

- I understand that I am being entrusted with a valuable tool, a Credit Card, and will be making financial commitments on behalf of Kewaunee County, and will strive to obtain the best value for the County.
- I understand that Kewaunee County is liable to Union State Bank for all charges made on the card.
- I agree to use this card for approved purchases only and agree not to charge personal purchases. I understand that the County Clerk and my supervisor will audit the use of this card and report and take appropriate action on any discrepancies.
- I will follow the established procedures for the use of the card. Failure to do so may result in either revocation of my use of privileges or other disciplinary actions, including discipline in accordance with the Kewaunee County Personnel Handbook.
- I have been given a copy of the Credit Card Policy and Procedures and understand the requirements for card use.
- I agree to return the card immediately upon request or upon termination of employment (including retirement). Should there be any organizational change that causes my cost center to likewise change, I also agree to return my card and arrange for a new one, if appropriate.
- If the card is lost or stolen, I agree to notify ELAN and the County Administrator.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employee's Social Security Number: \_\_\_\_\_

Department: \_\_\_\_\_

Department Head Signature: \_\_\_\_\_ Date: \_\_\_\_\_

County Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CARDHOLDER ACCOUNT MAINTENANCE FORM**

Account Name: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Department: \_\_\_\_\_

Date: \_\_\_\_\_ Account Number: \_\_\_\_\_

Type of Request

\_\_\_\_\_ Name Change

\_\_\_\_\_ Account Closure

\_\_\_\_\_ Department Change

\_\_\_\_\_ Credit Limit Change

\_\_\_\_\_ Other

\_\_\_\_\_

Explanation of change (i.e. terminated, married, etc.)

\_\_\_\_\_

\_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Authorized Signature Printed: \_\_\_\_\_

**Please return this form to the County Administrator**

## CARDHOLDER DISPUTE FORM

### Cardholder Information

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Card # \_\_\_\_\_

Account Name: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

Merchant Name: \_\_\_\_\_

Dollar Amount Disputed: \_\_\_\_\_ Transaction Date: \_\_\_\_\_

### Dispute Type:

\_\_\_\_\_ Credit Not Posted (enclose copy of credit voucher or returned merchandise receipt)

\_\_\_\_\_ Duplicate Posting

\_\_\_\_\_ Erroneous Amount (provide supporting documentation indicating correct amount)

\_\_\_\_\_ Erroneous Charge (include phrases, "neither made nor authorized" and "credit card in my possession at times" in explanation)

\_\_\_\_\_ Other

Dispute Explanation: (include all contact with merchant and merchant's response)

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