



## Credit & Debit Card Policy & Procedure

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## Objectives

1. To allow managers access to efficient and alternative means of payment for approved expenses, especially expenses related to activities, travel and equipment.
2. To improve managerial reporting related to credit/debit card purchases.
3. To improve efficiency and reduce costs of payables processing.

## Policy

1. Autism Bedfordshire credit cards will be issued to managers, only with approval of the Finance Working Group and the Board of Trustees.
2. Credit/debit cards will only be used for business purposes. Personal purchases of any type are not allowed.
3. The following purchases are not allowed:
  - Alcoholic beverages/tobacco products
  - Construction, renovation/installation
  - Controlled substances
  - Items or services on term contracts
  - Maintenance agreements
  - Personal items or loans
  - Purchases involving trade-in of Autism Bedfordshire's property
  - Telephones, related equipment, or services
  - Any other items deemed inconsistent with the values of Autism Bedfordshire
4. Cash advances on credit cards are not allowed without written permission from the business administrator or treasurer.
5. Cardholders will be required to sign an agreement indicating they accept these terms. Individuals who do not adhere to these policies and procedures risk revocation of their credit/debit card privileges and/or disciplinary action.
6. Cardholders are restricted to £500 for a single item as maximum spend.

## Procedures

1. Credit/debit cards may be requested for prospective cardholders by written request (credit/debit card request form) to the Finance Director.
2. Detailed receipts must be retained and attached to the credit/debit card statements. In the case of meals and entertainment, each receipt must include the names of all persons involved in the purchase, and a brief description of the business purpose of the purchase.
3. Monthly statements, with attached detailed receipts, must be submitted to the finance department within ten days of receipt of the statement to enable timely payment of amounts.
4. All monthly statements submitted for payment must include the initials of the cardholder, the signature of a manager and the date of approval. Each statement must have the approval of a manager in addition to the approval of the cardholder, unless the cardholder is him/herself the staff member.
5. All monthly statements submitted for payment must have the appropriate account number(s) and the associated amounts clearly written on the statement. Multiple purchases charged to the same account number must be subtotaled. Cards may be designated to have all expenses charged to a specific account number, with exceptions noted on the monthly statement, if desired.
6. Tangible personal property is property that can be touched and retained in one's possession (excludes food, entertainment, and other consumables.). Services are works or activities performed by another for a fee (includes normal services such as personal services performed by professionals and/or non-professionals).

**AUTISM BEDFORDSHIRE CARDHOLDER AGREEMENT**

I, \_\_\_\_\_, hereby acknowledge receipt of the following  
 credit card: \_\_\_\_\_ / \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 (type of credit card) (credit card number)

I understand that improper use of this card may result in disciplinary action, as well as personal liability for any improper purchases. As a cardholder, I agree to comply with the terms and conditions of this agreement, including the attached Autism Bedfordshire Credit/Debit Card Policies and Procedures agreement.

I acknowledge receipt of said Agreement and Policies/Procedures and confirm that I have read and understand the terms and conditions. I understand that by using this card, I will be making financial commitments on behalf of Autism Bedfordshire and that Autism Bedfordshire will be liable to \_\_\_\_\_ for all charges made on this card. (Name of Credit Card Company)

I will strive to obtain the best value for Autism Bedfordshire when purchasing services with this card.

As a holder of this Autism Bedfordshire card, I agree to accept the responsibility and accountability for the protection and proper use of the card, as enumerated above. I will return the card to the finance team or Finance Director, upon demand, during the period of my employment. I further agree to return the card upon termination of employment. I understand that the card is not to be used for personal purchases. If the card is used for personal purchases or for purchases for any other entity, Autism Bedfordshire will be entitled to reimbursement from me of such purchases, by either invoicing me or deducting the amount from my salary. Autism Bedfordshire shall be entitled to pursue legal action, if required, to recover the cost of such purchases, together with costs of collection and reasonable solicitor's fees.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
 (Cardholder)

Signature \_\_\_\_\_ Date \_\_\_\_\_  
 (Finance Director/ Senior Finance Officer)

Finance Department use only:

Date \_\_\_\_\_ Amount approved: £500

Signature \_\_\_\_\_

(Finance Director /Senior Finance Officer)