Dade County Georgia Purchasing Card Program Policy

Employees and Elected Officials

Purpose

The purpose of this policy is to provide guidelines by which Dade County employees and elected officials may participate in the Purchasing Card Program as an efficient and cost-effective means to purchase goods and services related to official County business.

Policy

This policy applies to all Dade County employees and elected officials participating in the purchasing card program. The program is intended to provide flexibility for authorized purchases, travel arrangements, and seminar or conference reservations when needed. Goods or services requiring formal solicitation or bidding shall be handled in accordance with applicable Dade County purchasing requirements.

Procedures

A. Issuance of Purchasing Cards

Purchasing cards may be issued to County employees only at the direction of the applicable Department Head or Elected Official. Elected Officials may request purchasing cards for themselves. Written applications shall be reviewed and approved by the County Financial Officer. All cards remain the property of Dade County and shall be surrendered and the account closed when the cardholder separates from County service, leaves elected office, or when card privileges are otherwise revoked.

B. Transaction and Card Limits

Cardholder Type	Per Transaction	Billing Cycle
Employees	$1,500	$3,000
Elected Officials	$3,000	$5,000

The County Financial Officer shall establish or approve any applicable daily limit. A temporary increase to a transaction, daily, or billing cycle limit may be requested by the cardholder in writing and approved by the County Financial Officer for a period of 24 or 48 hours. The card shall return to its regular limits when the approved period ends.

Transactions for travel, such as hotel stays covering multiple days, that exceed the $1,500 per transaction limit must be approved by the Department Head or Elected Official prior to travel. Other transactions exceeding the limits established by this policy must receive appropriate advance approval before the purchase is made.

C. Purchases

Under no circumstances may a purchasing card participant use a County P-Card for personal purchases. All transactions must be for official Dade County business or directly related to a county employee's or Elected Official's public duties. Purchases shall not be split into multiple transactions for the purpose of avoiding established transaction limits.

Allowable purchases may include, but are not limited to, employee or official travel and training, seminars, professional membership dues, building supplies, cleaning supplies, vehicle or computer parts, safety supplies, shipping and postage, office supplies, and emergency purchases.

Prohibited purchases include, but are not limited to, alcoholic beverages, cash advances, gifts, legal services, medical services, personal items, and unbudgeted items.

For non-travel meals, expenses should be limited to the following circumstances:

1. A meeting hosted or authorized by Dade County for official County business.

2. A meeting required by law or authorized by a Department Head or Elected Official that is anticipated to last more than four (4) hours and is scheduled through a normal meal period.

D. Roles and Responsibilities

1. P-Card Program Administrator. The Program Administrator will serve as the liaison with the financial institution handling the County purchasing card program. Responsibilities include coordinating card issuance, maintaining card limits, cancelling cards when necessary, ensuring balances are paid timely, recording transactions in the accounting system and providing training as needed. The County Financial Officer shall review and approve written applications for new purchasing card users and approve card limits, including temporary limit increases.

2. P-Card Holder or Department Designee. The cardholder or Department Designee is responsible for safeguarding card numbers, expiration dates, security codes, and other account information; ensuring that only allowable County business purchases are made; and submitting itemized receipts or invoices for each transaction. The cardholder shall upload the itemized receipt or invoice and required supporting documentation within three business days of the transaction. Each transaction must be reviewed or approved by someone other than the cardholder. A cardholder may not review or approve his or her own transaction.

3. Department Heads and Elected Officials. Department Heads and Elected Officials are responsible for determining which employees under their authority will be issued purchasing cards, notifying the Finance Department when a cardholder separates from County service or no longer requires a card, reviewing and approving purchasing card transactions for their department or office, verifying that funds are available in the applicable budget, and immediately reporting suspected misuse or abuse to the County Executive. Department Heads and Elected Officials shall designate the appropriate reviewer or approver for each cardholder under their authority. The County Executive shall be notified of violations but shall not be responsible for routine transaction review or tracking.

Cardholders, reviewers, approvers, managers, and Department Heads shall receive training appropriate to their responsibilities under the Purchasing Card Program.

E. Violations

Failure to comply with this Purchasing Card Policy constitutes a violation of the program and may result in suspension or removal of purchasing card privileges and, for employees, disciplinary action as appropriate under applicable County personnel policies. For elected officials, violations will be addressed through suspension or removal of purchasing card privileges and any other process applicable to the office **or** as may be required by law.

Any violation shall result in the immediate suspension of the purchasing card pending review. The applicable Department Head or Elected Official and the County Executive shall be notified.

1. First violation - 30-day P-Card suspension.

2. Second violation - Removal from the P-Card program.

Dade County reserves the right to immediately suspend or revoke purchasing card privileges when the nature or severity of a violation warrants such action.

ACKNOWLEDGMENT

Each cardholder should acknowledge receipt of this policy and agree to comply with its requirements before being issued or using a Dade County purchasing card. Each cardholder shall also complete the required training before receiving or using a purchasing card.

Dade County Georgia Purchasing Card

Cardholder Agreement

Dade County, Georgia is pleased to provide you with a Purchasing Card. The card represents the County's trust in you as a responsible agent to safeguard and protect County assets and to use public funds only for authorized official business.

Cardholder Name: ____

Card Number Last Four Digits: ____________________________________

1. As an authorized cardholder, I agree to comply with this Agreement and the Dade County Purchasing Card Program Policy. I acknowledge that I have received or have access to the policy and have read and understand its requirements.
2. I understand that Dade County is responsible to the issuing financial institution for authorized charges made on the Purchasing Card.
3. I will use the Purchasing Card only for authorized official County business. I will not use the card for personal purchases or allow unauthorized persons to use it. I understand that I may be required to reimburse Dade County for improper or unauthorized purchases as permitted by law and County policy.
4. I understand that improper, unauthorized, or fraudulent use may result in immediate suspension or termination of Purchasing Card privileges and other corrective or disciplinary action as applicable. For elected officials, any action will be taken in accordance with applicable law and County policy.
5. I will promptly notify the Purchasing Card Program Administrator or Finance Department if my name, department, or contact information changes.
6. If the card is lost, stolen, or compromised, I will immediately notify the card issuer using the number provided on the card or by the Finance Department. I will also notify the Purchasing Card Program Administrator or Finance Department as soon as possible.
7. I am responsible for obtaining and uploading complete and accurate documentation for every transaction, including an itemized receipt or invoice and the required business purpose, within three business days of the transaction. For approved travel, I will submit the documentation within three business days after returning unless an earlier deadline applies. I understand that failure to meet this requirement will result in immediate suspension pending review.
8. I understand that the standard limits are $1,500 per transaction and $3,000 per billing cycle for employees and $3,000 per transaction and $5,000 per billing cycle for Elected Officials, unless a different limit or temporary exception is approved in writing by the County Finance Officer. A temporary increase is limited to an approved period of 24 or 48 hours. Purchases may not be divided to avoid established limits.
9. I agree to surrender the card immediately upon request, when my authorization ends, or upon separation from County employment or service, as applicable.

Agreed and Accepted

Cardholder Signature: ______________________	Date: ______________
Printed Name: ______________________	Phone: ______________
Department or Office: ______________________	

Dade County Georgia Purchasing Card

Application and Authorization Form

Requested Cardholder:

____

Department or Office:

____

County Email Address:

____

Phone: ____

Position or Title:

____

Business Need

Describe the official County business need for the card:

____

Requested Limits

Limit Type	Requested Amount	Approved Amount
Per Transaction	$_______________	$_______________
Daily	$_______________	$_______________
Billing Cycle	$_______________	$_______________

Reviewer and Approver Assignment

Primary Reviewer or Approver: ______________________________

Secondary Reviewer or Approver: ______________________________

Department Head or Elected Official: ______________________________

Required Documentation

☐ Cardholder Agreement signed

☐ Disclosure Form complete

Authorization

By signing below, the Department Head or Elected Official requests issuance of the card and confirms that the proposed use is necessary for official County business. The County Finance Officer approves the user and card limits.

Cardholder Signature: ______________________________	Date: _______________
Department Head or Elected Official: ______________________________	Date: _______________
County Finance Officer: ______________________________	Date: _______________

Dade County Georgia Purchasing Card

Disclosure Form

This form records the cardholder's disclosure of circumstances that could affect the proper use or review of a County purchasing card.

Cardholder Name:

____

Department or Office:

____

Card Number Last Four Digits: ______________________________

Disclosure Questions

Do you have a personal, family, employment, ownership, or financial relationship with any vendor you expect to use with this card?

☐ No ☐ Yes

Will any person other than you have access to the card or its account information?

☐ No ☐ Yes

Are you aware of any condition that could prevent you from complying with the Purchasing Card Program Policy?

☐ No ☐ Yes

Do you have any other matter involving the card that should be disclosed to Dade County?

☐ No ☐ Yes

If yes, explain:

____

____

Certification

I certify that the information provided on this form is complete and accurate. I agree to disclose promptly any change that may affect my use of the card or create an actual or apparent conflict of interest. I understand that disclosure does not authorize a transaction and that all purchases remain subject to County policy.

Cardholder Signature: ______________________________	Date: ________________
Department Head or Elected Official Review: ______________________________	Date: ________________

Dade County Georgia Purchasing Card

Opt Out Form

Name: ____

Department or Office:

____

Position or Elected Office:

____

I decline issuance or continued use of a Dade County Purchasing Card. I understand that:

- I may not use another person's County purchasing card unless specifically authorized by County policy.
- Declining a card does not authorize reimbursement of an expense that is not otherwise permitted by County travel, purchasing, or financial policy.
- Any request for reimbursement must include the required approval and documentation.
- If a card has already been issued to me, I must return it to the Purchasing Card Program Administrator for cancellation.

☐ I do not wish to receive a card ☐ I am returning an existing card

Existing Card Last Four Digits if Applicable: ______________________

Reason Optional: ______________________________________

Individual Signature: ______________________	Date: ______________
Department Head or Elected Official: ______________________	Date: ______________
Program Administrator Confirmation: ______________________	Date: ______________

Dade County Georgia Purchasing Card

Temporary Limit Increase Request Form

Cardholder Name:

____

Department or Office:

____

Card Number Last Four Digits: __________________________________

Requested Temporary Limits

Limit Type	Current Limit	Requested Limit
Per Transaction	$____________	$____________
Daily	$____________	$____________
Billing Cycle	$____________	$____________

☐ 24 hours ☐ 48 hours

Requested Start Date and Time: _________________________________

Requested End Date and Time: ___________________________________

Vendor: ____

Estimated Purchase Amount: ____________________________________

Business purpose and reason the standard limit is insufficient:

____

Budget account or funding source:

____

Approval

The temporary increase may not be used until written approval is complete. The card shall be returned to its standard limits at the end of the approved period.

☐ Approved ☐ Denied

Conditions or Comments: _______________________________________

Cardholder Signature: ____________________________________	Date: __________________
Department Head or Elected Official: ____________________________________	Date: __________________
County Finance Officer: ____________________________________	Date: __________________
Program Administrator Limit Restored: ____________________________________	Date and Time: __________________

MISSING RECEIPT AFFIDAVIT

Use this form to document business expenses when an original credit card receipt is unavailable.

Employee & Department Information

Employee Name:

Employee ID:

Department / Team:

Manager Name:

Transaction Details

Transaction Date:

Vendor / Merchant Name:

Total Amount ($):

Payment Method (Last 4):

Itemized Breakdown of Expense

Description of Goods / Services	Qty	Unit Price	Total

Reason for Missing Receipt & Business Purpose

Business Purpose:
(Explain how this purchase benefits the company)

Employee Signature:

Date:

Manager Approval Signature:

Date: