



Town of Shutesbury
Procurement Card Policy and Procedure
Approved by the Select Board April 8, 2025

PURPOSE

To establish those procedures under which the Treasurer will control the use of the Town Procurement Card.

SCOPE

The Treasurer will make all decisions regarding the issuance of the card and the establishment of all additional controls in their use.

APPLICABILITY

This procedure applies to all departments of the Town of Shutesbury.

USE OF PROCUREMENT CARDS

- ❖ The Procurement Card is **not for personal use**. Use of the procurement card for personal purchases or expenses with the intention of reimbursing the Town is prohibited.
- ❖ The Procurement Card is issued in the Town of Shutesbury and Treasurer's name. All purchases made on the Procurement Card must be made only by the Treasurer and their designee and must be for town purchases only.
- ❖ The Procurement Card may not be used for cash advances through bank tellers or automated teller machines.
- ❖ The Treasurer or their designee will initiate all purchases when a request is made from a Department Head. Exceptions will be made for the card to be taken off premises by the Department Head at the discretion of the Treasurer or their designee. The Department Head will be required to complete the Procurement Card Agreement, (*see Attachment 1*).
- ❖ All purchases must be budgeted, allowable and approved by the Department Head.
- ❖ It must be understood that the Procurement Card issued through the Town of Shutesbury and that the purchase made is **tax exempt**. The Town of Shutesbury tax exempt number will be provided at time of purchase and all purchases will be reviewed prior to purchasing to ensure sales tax is not included.
 - If the Department Head fails to ensure that tax is not charged by the merchant at time of purchase, the Department Head will be responsible for paying the sales tax directly to the Credit Card Company.

- ❖ The purchase must not exceed the \$2,000 purchasing limit assigned to the Procurement Card in each month.
- ❖ The Department Head will maintain the vendor receipts/packing slips/charge slips and must have an itemized list of what was purchased. Once items, or services have been provided, receipts and other documentation must be submitted to the Treasurer's or their designee's office using the Procurement Card Receipt Allocation Form, (*see Attachment 2*). All documentation concerning the Procurement Card program will be maintained by the Treasurer's Office or designee.
- ❖ The Procurement Card is not intended to avoid or bypass appropriate purchasing or payment procedures. The town's preferred purchasing method is through the AP warrant process.
- ❖ The Procurement Card **must not** be used for items which are expressly prohibited via Town of Shutesbury Policies and Procedures.
- ❖ Missing Documentation
 - If the Department Head does not have a receipt or documentation to submit on the Procurement Card Allocation Form to the Treasurer, a Lost/Missing Receipt Form (*Attachment #3*) that includes a description of the item, date of purchase, merchant's name, and an explanation for the missing support documents must be submitted to the Treasurer with the Department Head's statement. Frequent instances of missing documentation will cause a Department Head's Procurement card use privilege to be revoked.

ATTACHMENT 1

**TOWN OF SHUTESBURY
DEPARTMENT HEAD PROCUREMENT CARD AGREEMENT**

The Town of Shutesbury is pleased to present you with the Procurement Card. It represents trust in you and your empowerment as a responsible agent to safeguard and protect town assets.

I, _____, hereby acknowledge receipt of a Town of Shutesbury Visa Procurement Card, No., (Last Four) _____, with a \$2,000.00 monthly limit. As a Department Head, I agree to comply with the terms and conditions of this Agreement and the Town of Shutesbury Procurement Card Policy.

I acknowledge receipt of a copy of this Agreement and a copy of the Town of Shutesbury Procurement Card Policy and confirm that I have read and understand their terms and conditions. I understand that the Town of Shutesbury is liable to Easthampton Savings Bank and Visa for all Town of Shutesbury charges. I agree to use this card in accordance with the Town of Shutesbury Procurement Card Policy and only for Town of Shutesbury approved purchases and agree not to charge personal purchases. I understand that the Town of Shutesbury will audit the use of this card and report discrepancies.

I further understand that improper use of this card or other violation of the Town of Shutesbury Procurement Card Policy may result in disciplinary action, up to and including suspension or termination of employment. Should I fail to use this card properly, I authorize the Town of Shutesbury, to the fullest extent allowed by law, to deduct from my salary an amount equal to the total of the discrepancy. I also agree to allow the Town of Shutesbury to collect any amounts owed by me even if the Town of Shutesbury no longer employs me.

I understand that the Town of Shutesbury may terminate my right to use this card at any time for any reason. I agree to return the card to the Town of Shutesbury immediately upon request or upon termination of employment.

Department Head/Supervisor: Signature: _____ Date _____

Treasurer: Signature: _____ Date: _____

TREASURER USE ONLY	Initial	Date
Card Returned		

ATTACHMENT 2

PROCUREMENT CARD RECEIPT ALLOCATION FORM

Department: _____ Expense Account: _____
Department Head: _____

Receipt Date: _____
Vendor: _____
Amount: _____
Description: _____

Receipt Date: _____
Vendor: _____
Amount: _____
Description: _____

Receipt Date: _____
Vendor: _____
Amount: _____
Description: _____

Receipt Date: _____
Vendor: _____
Amount: _____
Description: _____

The proceeding named bills have been approved in aggregate and are requested to be placed on a warrant for payment from the referenced Expense Account.

Authorized: _____

Date: _____

ATTACHMENT 2

LOST/MISSING RECEIPTS FORM

Reason for
Request _____

Department _____

Name of Payee _____

Description of Items
Purchased _____

Date of Purchase _____

Department Head
Signature _____

Date _____