



**UNDERTAKING BY THE CARDHOLDER**  
**School Purchasing Card**  
**Agreement and Acknowledgment by Cardholder**

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

Position: \_\_\_\_\_

School Council President: \_\_\_\_\_

I understand and agree that the School Purchasing Card is issued to me on the express understanding that I will, at all times, comply with the following conditions:

**USE**

1. I will only use the School Purchasing Card for proper school purposes.
2. I can use the School Purchasing Card to a maximum limit of \$(*insert number*)\* in any one transaction and to a maximum monthly limit of \$(*insert number*)\*.
3. I will not split transactions on the School Purchasing Card to avoid exceeding purchasing card transaction limits.
4. My use of the School Purchasing Card is subject to the following restrictions on transaction types: (*please specify*)\*
5. I will use the School Purchasing Card in accordance with the terms and conditions issued by the *Westpac Banking Corporation* relating to its use.
6. I will not use the School Purchasing Card to obtain cash.
7. I will not use the School Purchasing Card to pay for tips or gratuities.
8. I will not permit the School Purchasing Card to be used by any person other than myself.
9. I will ensure that each transaction made using the School Purchasing Card is substantiated by original supporting documentation.
10. I will take adequate and reasonable measures to protect the School Purchasing Card from being lost, stolen or misused.

**LOST OR STOLEN CARDS**

11. I will immediately report the loss or theft of my School Purchasing Card to the *Westpac Banking Corporation* (using the 24 hour emergency number) and to the Authorisation Officer.

*Excellence in Education*

185 GOLD STREET CLIFTON HILL VICTORIA 3068 AUSTRALIA  
T 03 9489 8333 F 03 9481 1910 [clifton.hill.ps@edumail.vic.gov.au](mailto:clifton.hill.ps@edumail.vic.gov.au)





## PERSONAL INFORMATION

15. I consent to my personal details and my date of birth being disclosed by the school council to the *Westpac Banking Corporation* for use only in connection with the issue to me of a School Purchasing Card.

## DECLARATION

16. I confirm that I have access to only one School Purchasing Card.

17. I acknowledge receipt of

- Ministerial Guidelines and Directions 1 to 6 of 2008;
- School Purchasing Card – DET Guidelines and Procedures, and
- Westpac Administrator Guide for Victorian Government Department of Education and Training.

18. I have been briefed on all aspects of the operation and use of the School Purchasing Card.

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

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

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

Name of Principal: \_\_\_\_\_

Signature of Principal: \_\_\_\_\_

\*Note: Amounts and restrictions pre-approved and minuted at School Council must be filled in prior to all parties signing.

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