



Los Angeles Unified School District

All Youth Achieving

DISTRICT CREDIT CARD APPLICATION

P-CARD UNIT

8525 REX RD. PICO RIVERA, CA 90660
MAIN LINE: 562.654.9401 FAX: 562.654.9048
<http://pcard.lausd.net>

IMPORTANT - PLEASE READ:

- **ALL SECTIONS** OF THIS FORM MUST BE COMPLETED
- APPLICATION **MUST** BE SUBMITTED WITH THE APPLICABLE AGREEMENT
- CARDHOLDER AND APPROVING OFFICIAL **MAY NOT** BE THE SAME
- APPROVING OFFICIAL **MUST** BE IN SENIOR POSITION TO CARDHOLDER
- SITE ADMINISTRATOR AND APPROVING OFFICIAL MAY BE THE SAME PERSON
- CARDHOLDER AND SITE ADMINISTRATOR MAY BE THE SAME PERSON

***INCOMPLETE FORMS OR MISSING DOCUMENTS WILL RESULT IN DELAYS IN PROCESSING YOUR APPLICATION**

CHECK ALL BOXES THAT APPLY:

REV 8/2015

<input type="checkbox"/> P-CARD	<input type="checkbox"/> \$1500 limit	<input type="checkbox"/> \$3000 limit	<input type="checkbox"/> TRAVEL
<input type="checkbox"/> TOSHIBA	<input type="checkbox"/> NEW ACCOUNT	<input type="checkbox"/> TRANSFER ACCOUNT	
NAME ON PREVIOUS ACCOUNT: _____			
<input type="checkbox"/> Other (Please specify): _____			

CARDHOLDER APPLICANT	NAME		POSITION	EMPLOYEE NUMBER		
	E-MAIL ADDRESS			COST CENTER		
	LOCATION CODE	SCHOOL/OFFICE NAME			LD	
	ADDRESS			CITY	ZIP CODE	
	TELEPHONE		FAX			
	SIGNATURE				DATE	

APPROVING OFFICIAL	NAME		POSITION	EMPLOYEE NUMBER		
	E-MAIL ADDRESS			COST CENTER		
	LOCATION CODE	SCHOOL/OFFICE NAME			LD	
	ADDRESS			CITY	ZIP CODE	
	TELEPHONE		FAX			
	SIGNATURE				DATE	

SITE ADMINISTRATOR (If different from Approving Official):

NAME		POSITION	EMPLOYEE NUMBER
E-MAIL ADDRESS			
SIGNATURE		DATE	

RETURN THIS FORM TO THE P-CARD UNIT VIA FAX OR EMAIL . VISIT OUR WEBSITE FOR YOUR ASSIGNED P-CARD REPRESENTATIVE.

P-CARD UNIT ONLY	
HIER 2	_____
HIER 3	_____
HIER 4	_____
HIER 5	_____
HIER 6	_____



Los Angeles Unified School District
Procurement Services Group
Toshiba Card Program

TOSHIBA ACCOUNT AGREEMENT

By signing below, I certify that I will serve as the caretaker of this account for location # _____;

I agree to be the TOSHIBA ACCOUNT RECONCILER for this location, and that:

- I have reviewed and fully understand all policies and procedures for the Toshiba Ghost Card Account which includes the FAQ's and Processing Flowchart located at https://psd.lausd.net/unifiedprint website.
I will review the charges that appear in the District's online reconciliation system to ensure that charges are accurate. I will attach copies of the Toshiba Business Solutions invoice to the Citibank Card Statement. Physical files are required to be kept for seven (7) years.
I will contact Toshiba Customer Service at (800) 260-6320 for invoice, billing, meter read/billing discrepancies, etc.
I will contact my LD representative or Toshiba Customer Service for questions regarding delivery, service, training, and supplies.
I will follow reconciliation procedures as described in the PROCUREMENT MANUAL, and reconcile by the 18th of the month and monitor available funding line balances regardless of access to the online reconciliation system.
I understand that failure to reconcile copier expenditures by the 18th of the month may result in the Credit Card Program Unit force reconciling the Toshiba copier charges to the default funding line provided on the application.
In the absence of a sufficient balance on the default funding line, charges will be reconciled to another appropriate account.
I understand that failure to reconcile copier expenditures by the 18th of the month may result in suspension or cancellation of my locations' Procurement Card (P-Card) privileges.
I understand that if my P-Card is suspended or cancelled due to non-compliance of reconciliation procedures, I will utilize other Procurement options such as: Imprest Fund, RX, SR, PG, PD LV, BPO or CS transactions to supplement purchasing needs.
I will reconcile all charges related to the Toshiba copier contract to an appropriate funding line and utilize the Request for Expenditure Transfer form to correct any inappropriate funding sources.
I will keep any information regarding the Toshiba Ghost Account secure at all times, and immediately notify the Approving Official, Toshiba Customer Service and the Credit Card Program Unit of any suspicious or possible fraudulent use of the Toshiba Account.
I understand and agree that I must notify my Approving Official and the Credit Card Program Unit, upon my transfer to another location, separation from District employment, or cancellation of card privileges for any reason.
I will comply with all other policies and procedures in the PROCUREMENT MANUAL.
I understand that unauthorized use, misuse or fraudulent use of the Toshiba Ghost Account may result in disciplinary action and/or criminal prosecution, when warranted under applicable District procedures.

Cardholder Name: (print) _____ Location: _____ Local District: _____
Signature: _____ Email: _____@lausd.net Emp # _____ Date: _____

APPROVING OFFICIAL AGREEMENT

By signing below, I certify that I am the current Approving Official for the cardholder named above, that I have reviewed the Guidelines for Conference Attendance as described in the PROCUREMENT MANUAL, that I fully understand all Travel Account policies and procedures and that:

- I will review the activity for all Toshiba expenditures, by the 21st of each month, and approve or otherwise follow up on all transactions.
I will ensure that copies of the Toshiba Business Solutions invoice are attached to the Citibank LAUSD Toshiba Card Statement. Physical files are required to be kept for seven (7) years.
I understand that failure by the above cardholder to reconcile copier expenditures by the 18th of the month may result in force reconciling of the Toshiba copier charges to the default funding line or other appropriate account.
I understand that failure by the cardholder to reconcile copier expenditures by the 18th of the month may result in suspension or cancellation of my location's Purchase Card (P-Card) privileges.
I understand that my failure to 'review and approve' reconciled copier expenditures by the 21st of the month may also result in suspension or cancellation of my location's Purchase Card (P-Card) privileges.

I will ensure that the Toshiba Reconciler, for whom I am responsible, adheres to the following procedures and actions:

- Follows reconciliation procedures as described in the Procurement Manual, subsequent updates communicated in the PSD Advisory and by P-Card Administrators.
Toshiba Ghost Card transactions will be reconciled by the 18th of the month.
I agree to comply with and enforce all other policies and procedures enumerated in the PROCUREMENT MANUAL.

Approver Name: (print) _____ Location: _____ Local District: _____
Signature: _____ Email: _____@lausd.net Emp #: _____ Date: _____