

One Card Alaska Charge Card Program Cardholder Usage Agreement

The State of Alaska (State) has contracted with U.S. Bank National Association ND for the One Card Alaska program charge card payment services. U.S. Bank issues commercial charge accounts through Visa. These charge accounts are corporate liability and all amounts charged are paid directly by the State.

Please read and sign this Cardholder usage agreement. By signing this document, you explicitly agree to use the State Active Duty Credit Card in accordance with the following terms and conditions:

1. A Card is being issued to me solely because of my relationship with the State. I understand the Card is the property of the State. I agree to use the Card only for State authorized purchases as indicated below.
 - A. Fuel for mission approved vehicles. Single purchase not to exceed _____ \$100
 - B. Emergency roadside assistance not to exceed _____ \$500
 - C. Any other purchases must be pre-approved by the Division of Administrative Services _____
2. I understand use of this card for charges other than authorized purchases represents a misuse of the card. I will ensure the card is in my possession or secured at all times to prevent theft of the card and consequential fraudulent charges. If the card is lost or stolen, I will immediately report this to USbank 800-344-5696 and the agency card administrator _____.
3. I understand that misuse of the card may constitute a violation of the Alaska Executive Branch Ethics Act, which may result in civil penalties of up to \$5,000. In addition, I understand that unauthorized use of a card for personal purposes is theft under AS 11.46, and if the amount is over \$1000, I may be subject to felony prosecution.
4. I understand the State will take such action as it deems necessary to recover: 1) Any improper amounts charged, 2) Late fees, 3) Legal fees, and 4) Any other expenses incurred by the State as a result of my misuse of the card. Such action includes withholding from my paycheck the amount of any improper charges and resulting expenses. Additionally, improper use of the card will be reported through your chain of command up to and including the Adjutant General.
5. I understand every amount billed to the card is considered a matter of public record, and, consequently, may be disclosed to the public, the news media, and/or other requesting parties.
6. I understand that each purchase requires a receipt, or proof of receipt, for each transaction and must accompany the card upon its return.
7. In the event the card needs to be transferred to another activated member of the National Guard, the receiving member must complete a new *Cardholder Usage Agreement* form and you must sign it over in the appropriate signature box.

By signing this agreement, I acknowledge that I fully understand the obligations and conditions of State Card use, and agree to adhere to what has been outlined above.

Cardholder's Signature	Date Signed	Cardholder's Employee ID or other ID
Cardholder's Printed Legal Name with Middle Initial	Department / Division or Unit	
Cardholder's Federal Email Address	Cardholder's Work or Cell Phone Number	

This card is being transferred from.

Signature	Printed Name
Date Transferred	Time Transferred
Individual's Title	

I acknowledge receipt of this signed cardholder usage agreement form. Issued Card STATE ACTIVE DUTY _____

Department Program Administrator Signature	Department Program Administrator's Printed Name
Date Received	Phone Number
Department Program Administrator's Title	

One Card Usage Agreement

In an effort to expedite the purchasing of fuel for missions with activated soldiers, the State of Alaska is providing fuel cards for use during active state missions.

The cards are located in a safe in the Fiscal section of DAS

The One card administrator or designee will sign the card(s) out using the StAD Cardholder usage agreement form, located with the cards in the safe.

The bottom section of the form is in three sections.

By signing this agreement, I acknowledge that I fully understand the obligations and conditions of State Card use, and agree to adhere to what has been outlined above.			
1.	a	b	c
	Cardholder's Signature	Date Signed	Cardholder's Employee ID or other ID
	d	e	
	Cardholder's Printed Legal Name with Middle Initial		Department / Division or Unit
	f	g	
	Cardholder's Federal Email Address	Cardholder's Work or Cell Phone Number	
This card is being transferred from.			
2.	a	b	
	Signature	Printed Name	
	c	d	e
	Date Transferred	Time Transferred	Individual's Title
I acknowledge receipt of this signed cardholder usage agreement form. Issued Card STATE ACTIVE DUTY <u> a </u>			
3.	b		c
	Department Program Administrator Signature		Department Program Administrator's Printed Name
	d	e	f
	Date Received	Phone Number	Department Program Administrator's Title

StAD Cardholder Usage Agreement Form (Revised 03/2020)

1. This section is intended to be signed by the person taking control of the card.
 - a. Signature of person gaining control of the card
 - b. The date the card was received
 - c. An ID number (ADL #, EMP ID, or SSN)
 - d. Printed legal name including MI
 - e. Something to identify Dept Div or Unit
 - f. The email address of the person taking control of the card
 - g. A cell phone number
2. This section is intended to allow a chain of custody if the card must be transferred to another Active Duty member. It will be filled out with a new sheet and signed by both parties to transfer the card.
 - a. Signature of person relinquishing the card
 - b. Printed name of the person relinquishing the card
 - c. Date of transfer
 - d. Time of transfer
 - e. Title of person relinquishing the card
3. This section is intended for the One Card administrator with DAS to sign the card out.
 - a. The cards are named STATE ACTIVE DUTY (one, two, three...) the correct suffix will be added
 - b. Signature of Program administrator or Designee
 - c. Printed Name of the Program Administrator or designee
 - d. Date received, refers to this document
 - e. E Optional Phone # In the event there are problems with the card.
 - f. The Program administrator or Designee's Title