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**P.O. Box 36609, Oklahoma City, OK 73136 (405) 587-0000 www.okcps.org**

**OKLAHOMA CITY PUBLIC SCHOOLS**

**P-Card (Purchase Card)**

**Custodian Agreement**

|  |  |  |  |
| --- | --- | --- | --- |
| **I,** |  |  |  |
|  | **Printed / Typed Name** |  | **Department / Site & Site Number** |

**Have read, understand and agree to the terms, conditions and responsibilities as set forth in the Oklahoma City Public Schools P-Card Regulation C-11-R3 and P-Card Program Procedures and I have been provided a copy of each. Further, I agree to and understand the penalties for misuse of the P-Card and these procedures.**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **Signature** |  | **Date** |
|  |  |  |
|  |  |  |
| **Witness** |  | **Date** |
|  |  |  |
|  |  |  |
| **Last 4 Digits of Card Number** |  | **Exp. Date** |