**APPENDIX 1.1:**

Health Service Executive – Procurement Card/Fuel Card Programme Recommendation Form

I, hereby authorise the issue of above Card(s) to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Purchasing Location/Unit Title). These Card(s) will only be used to acquire HSE authorised materials and supplies and not to exceed the transaction and monthly credit limits outlined hereunder. Card holders are accountable and responsibility for the budget assigned to them and shall act responsibly and proactively to manage the spend in accordance with HSE policy:

Transaction limit €\_\_\_\_\_\_\_\_\_

Monthly Credit Limit €\_\_\_\_\_\_\_\_\_

Merchant Category Group (MCC) Code assigned \_\_\_\_\_\_\_\_\_\_

Number of cards authorised for the unit \_\_\_\_\_\_\_\_\_

Number of cards authorised to include cash withdrawal yes / no.

If yes monthly limit €\_\_\_\_\_\_\_\_\_

Location/Unit/Line Manager Grade & Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Area Financial Accountant / Equivalent Grade Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Head of Finance / Equivalent Grade or Officer Designate

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**APPENDIX 2**

**Procurement Card/Fuel Card Decision: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I hereby recommend that \_\_\_ (number) BANK Procurement/Fuel Cards be issued to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name of Location/Unit). The cards should be issued to the staff members listed below.

The Location/Unit’s monthly spend on the Procurement Card/Fuel Account will be limited to €\_\_\_\_\_\_\_\_\_\_\_ (Amount) and individual limits will apply as detailed below.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| NAME | TITLE | TRANSACTION LIMIT | MONTHLY CARD LIMIT | CASH WITHDRAWAL ALLOWED | INTERNET PURCHASES ALLOWED |
|  |  |  |  |  |  |
|  |  |   |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Recommended by:

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

Name

Line Manager

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

Name

Area Financial Accountant / Equivalent Grade

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

Name

Head of Finance / Equivalent Grade or Officer Designate

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

Name

General Manager, Finance Operations (for the region the area falls within)

**APPENDIX 3.1**

Health Service Executive – Procurement Card/Fuel Card Employee Agreement

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby accept a HSE Procurement Card/Fuel Card which will only be used to acquire HSE authorised materials and supplies and not to exceed the transaction and monthly credit limits outlined hereunder:

 Transaction limit €\_\_\_\_\_\_\_\_\_

 Monthly Credit Limit €\_\_\_\_\_\_\_\_\_

As a cardholder, I agree to comply with the following terms and conditions regarding my use of the Procurement Card/Fuel Card. I confirm my understanding that I am accountable and responsibility for the budget assigned to them and shall act responsibly and proactively to manage the spend in accordance with HSE policy:

1. **Official Use**: I agree to use this Procurement Card/Fuel Card for authorised official business purchases only. I agree and undertake not to charge personal purchases.

2. **Liability**: I understand that HSE is liable to the bank for all charges made on the Procurement Card/Fuel Card.

3. **Responsibilities**: I will be responsible for each order processed to ensure timely reconciliation of the monthly procurement card/Fuel Card statements and follow through on any disputes.

4. **Procedures**: I have been given a copy of the HSE Procurement Card/Fuel Card procedures and understand the requirements for use of the Procurement Card/Fuel Card. I will follow the established procedures for the use of the Procurement Card/Fuel Card.

5. **Return of Card:** I agree to return the Procurement Card/Fuel Card immediately upon request or upon termination of employment (including retirement).

6. **Changes**: Should there be any organisational change that causes my charge code to change, I also agree to return my Procurement Card/Fuel Card and arrange for a new one, if possible.

7. **Lost Card**: If the card is lost or stolen, I agree to notify my Line Manager and Bank immediately.

* **Number of Vehicles that this application is for** [[1]](#footnote-1) \_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Vehicle Registration Number | Vehicle Make | Vehicle Model |
|  |  |  |
|  |  |  |

Cardholder Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Cardholder Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorised by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Line Manager)

Approved by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Head of Finance/Equivalent Grade or Officer Designate)

1. *If the application is for a number of vehicles, please attached List*  [↑](#footnote-ref-1)