

Iowa Cancer Consortium Credit Card Usage Policy

Effective Date: October 25, 2016

Reviewed/Renewed by Board of Directors: February 20, 2018

Purpose

This policy governs the use of the Iowa Cancer Consortium office credit card to ensure the credit card is used for appropriate purposes and adequate controls are established for day-to-day use.

Guidelines

1. The Board of Directors must approve the issuance of all credit cards.
2. The credit card will be issued in the name of the Executive Director.
3. The card may only be used by the Executive Director and/or Administrative Coordinator. In certain circumstances, the Executive Director may authorize another user.
4. The credit card will have a per-transaction limit no larger than \$10,000.
5. The card may only be used for purchase of goods or services for official business of the Iowa Cancer Consortium. No personal use is allowed.
6. The use of credit card checks or cash advances is prohibited.
7. Transactions over the amount of \$1,500 must receive prior approval from the Executive Director.
8. The credit card must be locked in a secure place when not in use.
9. The credit card statement will be paid in full every month.
10. The credit card company and Consortium Board of Directors must be immediately notified if the card is lost or stolen, or if fraudulent charges incur.
11. Credit card handlers are required to sign an agreement indicating their acceptance of these guidelines.
12. Credit card handlers who do not adhere to these guidelines risk revocation of credit card usage and/or disciplinary action.

Guidelines

1. Credit card statements, along with receipts for all items to be paid by the Iowa Cancer Consortium, will be reconciled on a monthly basis. Receipts must show the merchant name and date of transaction.
2. Monthly credit card statements will be reviewed at least quarterly by the Board Treasurer for accuracy.
3. A financial review or audit will take place every year to review integrity of the credit card statements and adherence to usage policy.

Iowa Cancer Consortium Credit Card Usage Policy Signature Page

I, _____, have received a copy of the Credit Card Usage Policy and have
(Please print)
read and understand the policy. I agree to comply with the policy.

Signature: _____ **Date:** _____