



Iowa Cancer Consortium Credit Card Usage Policy

Effective Date: October 25, 2016

Revised by Board of Directors: February 29, 2024

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 card accounts.
2. The credit card will be issued in the name of the Executive Director.
3. The card may be used by the Executive Director, Business and Financial Administrator and the Program Manager.
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. Card handlers must assure that the card number is not saved within any computer's auto-fill mechanism or in any personal third-party accounts (Uber, Air BnB, etc.).
7. A shared list will be maintained of all the accounts that the credit card information is saved within. This list be reviewed and updated concurrent with the [gift card audit](#).
8. The use of credit card checks or cash advances is prohibited.
9. Transactions over the amount of \$3,000 must receive prior approval from the Executive Director.
10. The credit card must be locked in a secure place when not in use.
11. The credit card statement will be paid in full every month.
12. 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.
13. Credit card handlers are required to sign an agreement indicating their acceptance of these guidelines.
14. Credit card handlers who do not adhere to these guidelines risk revocation of credit card usage and/or disciplinary action.
15. 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, date of transaction, and total amount charged.
16. Monthly credit card statements will be reviewed monthly by the Board Treasurer for accuracy as per the [financials control protocol](#).
17. 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:** _____