



Schedule A

Employee Acknowledgement of Responsibilities and Obligations for Use of Corporate Credit Card

I _____ agree to take full responsibility for the Corporate credit card I have been issued by North York Family Health Team Inc. I understand that the card is my responsibility and that I am the only person authorized to use this card. I further agree to only use the card(s) for North York Family Health Team Inc business and that it is my responsibility to notify the Finance Manager if the card is lost or stolen or if there have been any changes to personal address information so that the appropriate Bank may be notified and their records updated.

I _____ will submit, in a timely fashion, applicable credit card receipts as supporting documentation for any corporation expenses. Credit card receipts for any corporate expenses will have details about the expenditure either written on the receipt or attached to the receipt. The Corporate credit card will be used only for appropriate business expenditures and not for any personal use. The charging of personal expenditures to the Corporate credit card with a subsequent refund to the North York Family Health Team is expressly prohibited.

I _____ understand that the use of the Corporate credit card does not allow me to use the “points or rewards” accrued from the credit card for personal purposes. All “points or rewards” that are accumulated will be used for approved North York Family Health Team purposes only.

I _____ understand that if I leave the company, I am required to return any Corporate credit card issued to me. I also understand that if I change roles within the North York Family Health Team, I may be asked to return the card as access to them may no longer be required.

I _____ agree to all the above terms and condition regarding the use of North York Family Health Team Corporate credit cards. I understand that if I do not comply with these terms and conditions, and/or I misuse the card authorized to me, I will face disciplinary action up to and including termination.

Employee Signature

Date

Supervisor or Designate Signature

Date