

**Queen Alexandra’s Royal Army Nursing Corps Association**

**Charitable Incorporated Organisation - Charity Registration Number 1163821**

**Branch Debit Card Policy – Declaration**

**I,.................................................................agree to abide by the QARANC Association Debit Card Policy for .............................Branch.**

I will ensure that I retain sufficient supporting documentation to validate the expense (e.g. tax invoice) or shall in lieu provide a statutory declaration; attach supporting documentation to the monthly statement from the bank; review the monthly statement for inaccuracies (and report these to RHQ); verify that goods and services listed were received; sign the monthly statement to verify that transactions have been made for official purposes.

I will notify the bank and the RHQ immediately if the card is lost or stolen; any unauthorised transaction is detected or suspected; notify RHQ of any change in name or contact details and take adequate measures to ensure the security of the card.

I will return the card to the RHQ if I resign from post; RHQ determines that there is no longer a need for the Branch to retain the card or the card has been cancelled by the bank.

I will not exceed any maximum limits set for the card from time to time; obtain cash advances through the card; authorise my own expenditure or claim double allowances (i.e. request reimbursement for an expense already paid by the card).

**I agree that I will be personally liable for any unauthorised transaction unless the card is proven to be lost, stolen or subject to fraud on some part of a third party.**

**(To be signed annually by cardholder)**

**Signature: Date:**