#  APPENDIX C

# *Chair of Governors Declaration of Intent*

***for the school to apply for a Purchasing Card***

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| **SCHOOL NAME** |  |
| **CHAIR OF GOVERNORS NAME** |  |

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| --- | --- |
| **Have you been made aware of the risks associated with the use of Purchasing Cards?** | **YES / NO** |
| **How many cards is the school permitted to have** |  |
| **Are you satisfied the security procedures the school proposes are robust with regards to the use of Purchasing Cards?** | **YES / NO** |
| **Has full Governing Body approval been given?** | **YES / NO** |
| **Date of Meeting of the full Governing Body when approval was given** |  |

**Have you and the Governors seen and approved:**

|  |  |
| --- | --- |
| The Lloyds terms and conditions for the Corporate Purchasing Card  | YES / NO |
| The school’s Purchasing Card Policy document on the use of the Corporate Purchasing Card and procedures to be adopted in school | YES / NO |
| Date of meeting of the full Governing Body when the Policy was approved |  |

**Who are the card holders and what are their transaction and monthly limits? Please check the box below if you are increasing the amount on a card currently already held.**

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| --- | --- | --- | --- | --- |
| **Name** | **Position** | **🗸** | **Transaction limit** | **Monthly****Limit** |
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| **Signed Chair of Governors** |  |
| **Dated** |  |