

## **ADMINISTRATION POLICY:**

# **UFA Fuel Link Card Policy**

DEPARTMENT: Financial Administration POLICY NUMBER: FA-165

**EFFECTIVE DATE:** November 6, 2023

**SUPERSEDES:** New

**UPDATED:** November 6, 2023

**UP FOR REVIEW:** November 6, 2028

### **Policy Statement:**

The Town of Cardston recognizes that control procedures must be exercised over the use of Town related cards.

#### The purpose of this policy is to:

Establish authorities and accountabilities for issuing and use of UFA Fuel Link Cards by Town of Cardston full time staff.

## Responsibilities and Procedures

The Chief Administrative Officer (CAO) or designated officer is authorized to obtain UFA Fuel Link Cards for full-time Town of Cardston staff or current Councillors.

The Fuel Link Cards will allow the full-time staff to receive the Town's discount on fuel they purchase at UFA. This does not authorize the staff to charge personal fuel to the Town's UFA account.

Each approved staff member may receive up to two Fuel Link Cards. These cards are only to be used for their personal use and the use of their immediate family.

Prior to being issued a UFA Fuel Link Card, all cardholders shall sign the attached UFA Fuel Link Cardholder Agreement.

Lost or stolen Fuel Link Cards shall be reported immediately to the CAO or designated officer.





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## **REVISION HISTORY**

Date	Description
	New Policy

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121221 01711 001 21111 0010 1 0110 1	
Town of Cardston UFA	Fuel Link Cardholder Agreement
I, Link Card(s).	_, hereby acknowledge receipt of a Town of Cardston UFA Fuel
As a cardholder, I agree to comply we this agreement.	rith the terms and conditions of the UFA Fuel Link Card policy and
	be used to charge the Town's account for personal purchases. The action, if required, to recover the cost of such purchases, reasonable attorney fees.
and proper use of the card. I will retu	e to accept the responsibility and accountability for the protection urn the card to the CAO or designated officer, upon demand,  I further agree to return the card(s) upon termination of
SIGNATURE:	DATE:
WITNESS:	

