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**Appendix 1**

**AGREEMENT RELATING TO THE ISSUE OF A PURCHASE CARD**

I acknowledge receipt of a Purchase card in the name of ...............................................with

the following number ..............................................................

I understand that that the card must only be used by me for the purpose of purchasing goods and services on behalf of the Northumberland, Tyne and Wear NHS Foundation Trust and any contravention of this may render me liable for disciplinary, prosecution and civil recovery proceedings. I also understand that the documentation in use relating to Purchase Cards will be used for the purposes of the prevention, detection and investigation of fraud.

Signed ………………………………………………………………………

Printed Name ………………………………………………………………………

Department Name ………………………………………………………………………

Department Address ………………………………………………………………

 ………………………………………………………………

 ………………………………………………………………

Date …………………………