

**City of O'Fallon
Employee Computer Procurement Application**

Name: _____

Department: _____ Job Title: _____

Please fill out this application. This application must be filled out and have the appropriate signatures before a check can be issued. By signing this application the employee is agreeing to the conditions of the Employee Computer Procurement Program Description and Provisions of Policy.

The employee agrees to furnish an itemized receipt upon the purchase of any computer hardware/software to Human Resources. The employee agrees to purchase the computer hardware/software within two weeks from the issuance of the check.

If the employee ceases to be employed by the City the employee agrees to have the remaining balance paid in full from his/her last paycheck and if amount of the paycheck does not cover the remaining balance, the employee will pay the remaining amount in full immediately.

The employee understands that only the items listed below are approved for purchase. Any items purchased which are not listed below will be paid in full immediately by the employee.

VENDOR/STORE NAME

HARDWARE

PRICE

\$ _____

SOFTWARE – *note anti-virus*

\$ _____

TOTAL PRICE

\$ _____

*Due to the fact that some vendors sell computers as a package, please note in the "hardware" section that it is a package deal and list what hardware/software are included in the price.

Signature of Employee: _____

Date: _____

Signature of Department Head: _____

Date: _____

Please take this application with the appropriate signatures to Human Resources at City Hall.

City of O'Fallon
Employee Computer Procurement Agreement

Name: _____

Department: _____ Job Title: _____

Last four of SSN: _____

I have read and understand the Employee Computer Procurement Program Description and Provisions of Policy.

I agree to repay the City of O'Fallon through payroll deduction.

I certify that the check being issued to me is for the purchase of the computer listed in the attached Employee Computer Procurement Application.

I agree to provide an itemized receipt to Human Resources within two weeks of receiving the check for the computer purchase.

I agree that if I cease to be employed by the City, the City may have the remaining balance be deducted from my last paycheck.

I agree to pay the remaining balance in full if my last paycheck does not cover the full amount owed.

I agree to the repayment schedule listed below.

Total Amount of Check Issued: \$ _____

of Payrolls for Reimbursement (26 to 52): _____

Amount to be Deducted from Each Paycheck: \$ _____

Signature of Employee: _____ Date: _____

Signature of Finance Director: _____ Date: _____

Signature of City Administrator: _____ Date: _____