

Wadena County, MN Board Action Form



Action Requested	
<input checked="" type="checkbox"/> Action/Motion	<input type="checkbox"/> Report
<input type="checkbox"/> Discussion	<input type="checkbox"/> Resolution
<input type="checkbox"/> Information Item	<input type="checkbox"/> Other
<input checked="" type="checkbox"/> Consent Agenda Item	

Title: New Credit Card Request - Public Health	
Date of Meeting: 02/03/2026	Total time requested: Consent Agenda
Department Requesting Action: Public Health	
Presenting Board Action/Discussion at Meeting: If questions, Sarah Ness	
Background <input type="checkbox"/> Supporting Documentation enclosed	
Wadena County Public Health is requesting the board approve the authorization for a new credit card with Kristine Suhl's name. Kristine is the new Administrative Assistant for Public Health.	
Options <input type="checkbox"/> Supporting Documentation enclosed	
Recommendation <input checked="" type="checkbox"/> The Wadena County Board of Commissioners approves the following by Motion: Approve the authorization for Wadena County Public Health to obtain a new credit card in Kristine Suhl's name.	
Financial Implications:	Comments
Funding Source:	The only current credit card holder in Public Health is Sarah Ness, Public Health Director.
Budgeted: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Action	Voting in Favor	Voting Against
Motion:	<input type="checkbox"/> Noon	<input type="checkbox"/> Noon
Second:	<input type="checkbox"/> Winkels	<input type="checkbox"/> Winkels
<input type="checkbox"/> Passed	<input type="checkbox"/> Stearns	<input type="checkbox"/> Stearns
<input type="checkbox"/> Failed	<input type="checkbox"/> Kreklau	<input type="checkbox"/> Kreklau
<input type="checkbox"/> Tabled	<input type="checkbox"/> Kangas	<input type="checkbox"/> Kangas

Signatures

STATE OF MINNESOTA}
COUNTY OF Wadena}

I, Heather Olson, County Auditor/Treasurer, Wadena County, Minnesota hereby certify that I have compared the foregoing copy of the proceedings of the County Board of said County with the original record thereof on file in the Administration Office of Wadena County in Wadena, Minnesota as stated in the minutes of the proceedings of said board and that the same is a true and correct copy of said original record and of the whole thereof, and that said motion was duly passed by said board at said meeting. Witness my hand and seal:

PURCHASING CARD AGREEMENT

I agree to the following regarding use of the purchasing card system of Wadena County.

1. I understand that I am making financial commitments on behalf of Wadena County and will strive to obtain the best value for the County.
2. I understand that under no circumstances will I use the purchasing card to make personal purchases, either for myself or others.
3. I have been given a copy of the purchasing card policy and procedures, and understand the requirements for purchasing card use.
4. I will follow the established procedures for use of the purchasing card. Failure to do so may result in either loss of privileges or other disciplinary actions, including termination of employment.
5. I agree that if I should misuse the card or otherwise violate the terms of this agreement (as determined by my Department Head, County Auditor Treasurer, or County Attorney), I will reimburse Wadena County for all incurred charges and any fees related to the collection of those charges, and hereby authorize the Auditor/Treasurer to deduct from my payroll check the required reimbursement. If the costs incurred exceed the maximum amount that could be withheld under garnishment laws in Minnesota for the next paycheck, I agree I will be responsible for all remaining charges and fees related to the collection of those charges and authorize the Auditor/Treasurer to deduct such additional amounts from future paychecks or utilize other means for collection.
6. I understand that failure to report a lost or stolen purchasing card may cause a liability for Wadena County. I will immediately notify the issuing bank and the Purchasing Card Administrator of the loss or theft of the card. Failure on my part may cause me to be liable for unauthorized purchases and will result in losing purchasing card privileges.

Employee Name: Kristina Suhl
(PLEASE PRINT)

Employee Signature: Kristina Suhl 1/20/26
(DATE)

Department Head Name: SARAH NESS
(PLEASE PRINT)

Department Head Signature: Sarah Ness 1/20/26
(DATE)

Wadena County Credit Card Authorization Form

Please Circle Credit Card Type:

VISA

FUEL

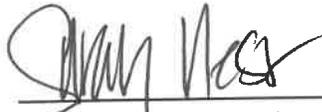
Department: PUBLIC HEALTH

Name on Card: KRISTINE SVHL

Card Limit: _____

Direct phone number at Wadena County: (218) 632-8490

I authorize the above Wadena County Employee to receive and use a Wadena County credit card. I agree that I will provide all information in accordance with the Wadena County Credit Card Policy.



Department Head

1/20/26

Date

Ron Noon, Chairperson
Wadena Board of Commissioners

Date