

# CARDHOLDER AGREEMENT

Approving Official to route this form to Purchasing & Contract Services upon completion.

Certificated       Classified       Supervisory       Management

Employee Name: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Department/Location: \_\_\_\_\_ Position Title: \_\_\_\_\_

Reason Requested/Intended Uses: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## AGREEMENT

*I, the undersigned, request and acknowledge my responsibility for a District Purchasing Card. I have read and understand the terms and conditions for use of the credit card and the consequences to me personally for any misuse of it. I agree not to loan, give possession, misuse, modify, or alter the assigned card. I further agree to retain auditable copies of logs and receipts for the current year and the three previous years, to maintain monthly Purchase Logs and reconcile them to monthly Cardholder Statements of Account, to file timely disputes of any unauthorized charges on the appropriate forms, to submit any changes to my status (address, phone number, etc.) to my Approving Official, and to report immediately any lost, stolen, or misplaced card immediately to the bank, and, within one (1) working day, notify Purchasing & Contract Services and my Approving Official.*

*I understand that the card is to be turned over to my Manager or Approving Official upon resignation, retirement, termination for any reason, or when the reason/need to have the card is no longer valid (e.g. reassignment, promotion).*

*I recognize that the card is issued in my name and is only for my use in the performance of my job and only for authorized District business.*

*I have read and understand these terms, recognize that violation of these may be the cause for disciplinary action, and further acknowledge and authorize that any monies owed to me as an employee of the District, including any pay warrants, may be withheld until I return the card and all statements are satisfactorily reconciled. I also recognize that money owed to me personally by the District may be adjusted to compensate for any losses resulting from unauthorized use of the card.*

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approving Official's Signature

\_\_\_\_\_  
Date

**DO NOT USE – For Internal Use by Purchasing & Contract Services Only**

Card Number Issued: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date Issued: \_\_\_\_\_