

**SAN BENITO CISD**

**ADMINISTRATIVE CREDIT CARD USE AGREEMENT**

I, \_\_\_\_\_ hereby request a San Benito CISD credit card. As a cardholder, I have read, understand, and agree to comply with the San Benito CISD credit card policies and procedures. I fully understand that misuse or abuse of the credit card will result in revocation of the care and appropriate disciplinary action, which may include termination of my employment. I also agree to attend training on the use of this card as prescribed by the Assistant Superintendent of Finance & Operation.

\_\_\_\_\_ I agree to use this card only for officially approved school-related expenses.

\_\_\_\_\_ I agree that I will not use this card to pay for unauthorized travel expenses, such as state hotel taxes for lodging within the state of Texas, meals, or any other expense prohibited in the district's travel guidelines.

\_\_\_\_\_ I agree that I will not use this card to pay for personal expenses such as alcoholic beverages, expenses for family members, entertainment, or my personal travel expenses before or after the official travel dates.

\_\_\_\_\_ I agree to submit the credit card to the appropriate Business Office upon return from my business travel or expense incurred unless Superintendent has approved credit card for an extended period.

\_\_\_\_\_, Superintendent Signature

\_\_\_\_\_ I agree to submit proper documentation (detailed original receipts) along with my Travel Settlement form if applicable within 3 days after returning from my business travel or expense.

\_\_\_\_\_ I agree that if the card is lost or stolen, I will immediately notify Commerce Bank (1-800-892-7104) and the SBCISD Assistant Superintendent of Finance and Operations (Hilda Rendon, [hgrendon@sbcisd.net](mailto:hgrendon@sbcisd.net), 956-361-6169) verbally and in writing.

\_\_\_\_\_ I agree to return the card immediately upon request or upon termination of employment (including retirement and resignation). Should I be transferred, qualify for extended leave or undergo an organizational change which causes my duties to no longer necessitate the use of the card, I agree to return it immediately and arrange for a new one as may be appropriate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Campus/Department

\_\_\_\_\_  
Date

\_\_\_\_\_  
Expense Limit

\_\_\_\_\_  
Last Four of Card