SAN BENITO CISD

EMPLOYEE CREDIT CARD USE AGREEMENT

I, _____ hereby request the _____ credit card. As a cardholder, I have read, understand, and agree to comply with the San Benito CISD credit card policies and procedures.

1. I understand that I am being entrusted with a valuable tool, the corporate procurement card. I will be making financial commitments on behalf of The District. I will obtain the best value for San Benito CISD by using the card wisely and with discretion.

2. I agree to use this card for official approved purchases only. I fully understand that misuse or abuse of the card will result in revocation of the card and an 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 card administrator.

3. I agree to return the credit card within 3 days of transaction/travel with all applicable receipts.

4. Policy violations include, but are not limited to:

    - Purchasing items for personal use or non-district business purposes
    - Exceeding card transaction dollar limits or monthly limits
    - Using the card for unauthorized travel-related expenses
    - Failure to turn the card over to the card administrator when appropriate
    - Failure to submit proper documentation (receipts) within 3 days of each purchase
    - Allowing the card to be used by someone else

4. If the card is lost or stolen, I agree to immediately notify the Assistant Superintendent of Finance and Operations verbally and in writing via email (hgrendon@sbcisd.net).

Specific Uses or Restrictions:

_____
_____
_____
_____

_____ _____
Employee Signature Date Campus/Department

_____ _____
Supervisor or Designee Signature Date Business Office Date

BUSINESS OFFICE USE

PO number_____ Card Number (last four) _____

Credit Card Limit _____ Date Returned _____

Submit to Assistant Superintendent of Finance & Operations for Authorization

Updated 3/19/19