

USER AGREEMENT FOR DISTRICT-ISSUED CREDIT CARD

The following user agreement must be signed by all persons authorized by USD 501 Topeka Public Schools to have access and use of a school district-owned credit card as required by Board of Education Policy 2630 and Administrative Regulation 2630-1.

I understand that USD 501 Topeka Public Schools has authorized my use of a District or school credit card for authorized business expenditures on its behalf. In accepting and/or using the card, I agree to be bound by the terms and conditions that follow:

- I will use the card issued to me only for the payment of authorized expenses consistent with my organizational responsibilities.
- I understand the purchases are limited to \$_____ per transaction with a monthly limit of \$_____.
- I will not use the card to obtain cash advances.
- I understand that I am not to allow any other individual to use this card.
- I will not use the card for personal use or for any other non-district purposes.
- I understand the card shall be used for only the types of merchants approved by the school district.
- I understand that all purchases shall be made in accordance with applicable purchasing and credit card procedures adopted by the Board of Education.
- I understand that I will be responsible for the timely reconciliation of all credit card transactions charged to my card.
- I understand that I am responsible to provide appropriate documentation for credit card transactions charged to my card.
- I will surrender the card to the credit card control officer in the event of my transfer within or separation from the school district, or as otherwise directed by the credit card control officer or his/her designee.
- I understand that any charges against the credit card that are not properly identified or not allowed by the District shall be paid by me by check, United States currency or salary deduction. I further understand that any person who has been issued a card shall not use the card if any disallowed charges are outstanding and shall surrender the card upon demand of the credit card control officer.
- I will immediately report any stolen or lost card to Security Services at 575-6678 and the director of Fiscal Services at 295-3082, my supervisor, and/or the credit card control officer.
- I hereby acknowledge that I have received and read copies of Board of Education Policy 2630 and Administrative Regulation 2630-1.

I understand that any variance and/or violation of the above conditions will result in cancellation of my credit card privileges. Misuse of the card could result in disciplinary action and/or personal liability for unapproved charges.

All District credit cards are subject to examination by internal and external auditors.

The District shall have unlimited authority to revoke use of any credit card issued and upon such revocation shall not be liable for any cost subsequently charged to the credit card.

I HAVE READ AND I UNDERSTAND THE ABOVE CONDITIONS.

Name _____
Building/Department _____
(please print)
SSN _____
Date _____

Signature _____