## Red Bluff Joint Union High School District

## **Employee Credit Card Agreement**

Congratulations! You have been granted the privilege		ool District credit card. Your participation in the credit					
card program is a convenience that carries responsibilities ale be used with good judgement. By signing this agreement, y guidelines, as listed below.	ou acknowledge that you und						
I, as an authorized and approved cardholder have been traine and safekeeping of the credit card entrusted to me:	l and fully understand and agre	e to the following terms and conditions regarding the use					
I accept full personal responsibility for the safekee permitted to use the credit card assigned to me. All cardholder.		to me, and that absolutely no one, other than me, is able" and therefore are ONLY associated directly to the					
<ol> <li>I will be making financial commitments on behalf of RBJUHSD and will obtain fair and reasonable prices following school purchasing policy.</li> </ol>							
	ibmitted for repayment. I furthe	vable" against me and I am responsible for repayment of r understand that any unallowable amount must be					
4. I will not use the credit card for non-school related		ses, or for personal use.					
5. I will immediately report any theft or loss of my cr	-	•					
6. I understand that I cannot use the credit card as a fi	nancial reference to obtain pers	onal credit cards or loans.					
7. I understand that I will not make a purchase without	t first receiving an approved ar	d signed purchase order.					
	eiving the monthly statement for	eccipts and submitting them with the monthly statement.  Ider, I will list the requisition number next to each line					
I understand that any purchases made by me will b guidelines.	•	•					
S .	11. I understand that failure to follow any of the above listed terms and conditions or if found to have misused the credit card in any manner						
a. Revocation of the privilege to use the	e credit card.						
b. Disciplinary action							
c. Termination of employment, and/or	criminal charges being filed wi	th the appropriate authority.					
12. I agree to surrender the credit card immediately up	on request or upon termination	of employment for any reason.					
I,hereby accept the a	bove terms and conditions and	acknowledge receipt of the credit card.					
 Date							

Authorizer (Printed Name)

Signature

Cardholder (Printed Name)

Signature