

Operational Services

Exhibit – Cardholder’s Statement Affirming Familiarity with Requirements for Using District Credit Cards

Cardholder’s Name

Cardholder’s address

Position

Name of individual who authorized issuance of card.

I affirm that I am familiar with the Board’s policy on using credit cards, that I understand my responsibilities regarding use of such cards, and that I agree to adhere to all requirements regarding such cards.

Cardholder’s Signature

Date

I provided a copy of this Statement along with a copy of the Board policy 4:55, *Use of Credit Cards*, to the cardholder who signed this statement.

Office personnel

Date

Approved January 15, 2009
Reviewed March 1, 2021