

Miller Place Union Free School District
Miller Place, New York 11764
Board of Education Policy

3420.F

CREDIT CARDS FORM

Pursuant to Policy #3420 and Regulation #3420.R, _____ is being assigned a District credit card.

I have read Policy #3420 and Regulation #3420.R and I agree to comply with its requirements. I certify that I will **not use** the assigned District credit card or any other District credit card in a non-business nature. I accept all financial responsibility for any inappropriate use. I understand that the District works with the credit card company for any theft and/or fraud and that I may be financially liable for failure to take proper care of the credit card and/or failure to report damage, loss, or theft.

_____ Employee's Signature	_____ Date
_____ Superintendent's (or Designee) Signature	_____ Date

For Use by Business Office:	
Credit Card Type: _____	Date Assigned: _____
Credit Card # Number: _____	
Credit Card Expiration Date: _____	
Signature of Business Office: _____	

Date Credit Card Returned: _____

_____ Employee's Signature	_____ Date
_____ Signature of Business Office:	_____ Date

Adopted: 01/27/2010
Reviewed: 09/30/2015 11/17/2021
Revised: 10/28/2015 12/08/2021