## **Clark County School District No. 161**

## FINANCIAL MANAGEMENT

## District Credit Card Holder Agreement

By my signature I hereby acknowledge that I have read and understand the Clark County School District's credit card policy. Furthermore, I affirm that I will not use the credit card for personal reasons. I understand that a violation of this agreement may result in disciplinary action up to and including termination, and possible legal action.

Signature
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Position

Printed Name

Date Signed

Policy History: Adopted on: 01/10/2011 Revised on: Reviewed on: 02/08/2016