



Agua Dulce ISD

USER AGREEMENT FOR DISTRICT CREDIT CARD

The following user agreement must be signed by all authorized employees of Agua Dulce ISD with access to a credit card.

I understand that Agua Dulce ISD has authorized my use of a district 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 which follow.

- I will use the card issued to me only for the payment of authorized expenses consistent with my organizational responsibilities and to satisfy by building/department needs.
- I agree that I will not use this card to pay for unauthorized expenses, such as:
 - o State taxes for purchases within the State of Texas, including sales and hotel taxes
 - o Personal items
 - o Cash advances
 - o Alcoholic beverages

This is not an exhaustive list of prohibited purchase, only a couple of examples.

- 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 the original, detailed credit card receipts shall be submitted **within 5 days of the purchase.**
- I will surrender the card to the administrator in the event of my transfer within or separation from the school district.
- 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 employee 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 administrator/business department or designee.
- I will immediately report any stolen or lost card to Wells Fargo 1-800-231-5511 and the Agua Dulce ISD business office (businessoffice@adisd.net) verbally 361-998-2542 and in writing.

I understand that any variance and/or violation of the above conditions will result in disciplinary action and/or personal liability for unapproved charges.

All district credit cards are subject to examination by 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 _____

Signature _____

Date _____