

EDGEMONT UNION FREE SCHOOL DISTRICT  
**CREDIT CARD CARDHOLDER  
ACKNOWLEDGEMENT FORM**

<b>ROUTING SEQUENCE</b> <input type="checkbox"/> Cardholder <input type="checkbox"/> Asst. Sup. Business
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I, \_\_\_\_\_, acknowledge receipt of a District credit card assigned to me for the purpose of conducting authorized business on behalf of the Edgemont Union Free School District.

By signing below, I affirm that:

1. I have received a copy of **Board Policy 2180 - Use of the District's Credit Card** and the accompanying **Regulations Governing the Issuance and Use of District Credit Cards**.
2. I have read, understand, and agree to abide by all provisions contained therein.
3. I understand that:
  - The credit card may only be used for official District business and only when other purchasing methods are impractical or unavailable.
  - Personal use is strictly prohibited, even with the intent to reimburse the District.
  - I am responsible for providing original, itemized receipts for all transactions in a timely manner.
  - I must safeguard the card and report any loss or theft immediately.
  - I must return the card upon request, transfer, or termination of employment.
4. I understand that misuse of the card may result in:
  - Revocation of card privileges
  - Reimbursement to the District for any unauthorized charges
  - Disciplinary action up to and including termination of employment
  - Referral to law enforcement if fraud is suspected

**Acknowledgement**

I have read and agree to comply with the Board's Credit Card Policy and Regulations. I accept responsibility for the proper use, security, and return of the District credit card issued in my name.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>FOR BUSINESS OFFICE USE ONLY</b>		
Name: _____	Card # (Last 4): _____	Credit Limit: _____
Title/Department: _____	Trans. Limit: _____	
Approval: _____	Date: _____	
<small>Assistant Superintendent for Administration &amp; Business</small>		