

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 all contents and requirements contained therein. 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 and/or unauthorized 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 01/28/2026

Revised: 10/28/2015 12/08/2021 03/11/2026