

**Sacramento City Unified School District
Purchasing Services
916-643-9460**

CAL-CARD PURCHASING CARDHOLDER AGREEMENT

Prior to the issuance of a Cal-Card, the cardholder must read the following information and verify acceptance with the terms and conditions that have been established for this program.

1. I certify that I understand that this card may only be used for official business and will not be used for any unauthorized or personal purchases. **Initials** _____
2. I certify that I understand this card will not be provided for use to any other individual. I acknowledge I am the only individual authorized to use the card. **Initials** _____
3. I certify that I am responsible for the card's safekeeping. Fraudulent use of the card, lost or stolen cards will be reported immediately. **Initials** _____
4. I certify that I understand purchases must not be split to circumvent procurement procedures. If the dollar amount exceeds the established card limit, a requisition will be processed for necessary handling by District Purchasing. **Initials** _____
5. I certify that I understand I am responsible to retain an itemized receipt for each transaction. Statements will be reconciled timely each month. Reconciliation packet will be routed to the Approving Official for review, then submitted on a Petty Cash requisition. **Initials** _____
6. Conflict of Interest – I certify that I understand this card will not be used for purchases where I have a personal or financial interest in the business of the vendor. Includes financial and business interests of family members. **Initials** _____
7. Acknowledgement of Liability - I certify that I understand I may be held personally liable for any unauthorized purchases pursuant to SCUSD Cal-Card Policy Manual, Section IV. Prohibited Transactions. **Initials** _____
8. I certify that I will promptly notify the vendor to resolve any disputed charges. A "Statement of Questioned Item" form will be completed to support this reported discrepancy. **Initials** _____
9. I certify that I understand the District has the unconditional right to cancel the card issued to me at any time without notice. In the event the District cancels or there is a separation of service from the Sacramento City Unified School District, I will immediately cut the card in half and returned it to my Approver or to the Cal-Card Program Administrator. **Initials** _____
10. Specific transaction limits have been designated for this card are summarized below:
Single Purchase Limit \$ _____ Monthly Limit \$ _____

Failure to adhere to the Cal-Card Program Policy Manual may result in disciplinary action, including termination, under applicable District procedures.

Cardholder Signature

Date