

**PARK COUNTY SCHOOL DISTRICT #6  
BOARD OF EDUCATION POLICY**

**CODE: DJB – E1**

**USE OF DISTRICT CREDIT CARDS**

**Issued to:** \_\_\_\_\_

**Credit Card # ending in:** XXXX-XXXX-XXXX-

**Credit card limit:** \$ \_\_\_\_\_

**Date:** \_\_\_\_\_

**ACKNOWLEDGEMENT OF RECEIPT OF PCSD NO. 6 CREDIT CARD, PURCHASING  
MANUAL and AGREEMENT TO TERMS OF CREDIT CARD USE**

I acknowledge that, on the date indicated below, I received a District credit card issued in my name.

I acknowledge that I have also received a copy of the PCSD No. 6 Purchasing Manual.

- I have read the manual, and

I agree to the terms and responsibilities of PCSD No. 6 credit card possession, including:

- I will adhere to the purchasing policies of PCSD No. 6.
- The credit card issued to me is to be used solely for District business expenditures.
- I will limit the use of the district credit card for the purposes it was intended.
- I will not use the PCSD No. 6 credit card for personal purchases or personal purposes.
- I am responsible for reconciling all charges posted to credit card(s) issued in my name including providing documentation, complete with any approval(s) and account code(s), for each item charged to my credit card(s) and submitted to the business office within 30 days.
- I will be responsible at all times for the whereabouts of any credit card(s) issued in my name and will report any lost or stolen cards to the business office immediately.

Employee Signature \_\_\_\_\_

Employee Name \_\_\_\_\_  
Please Print

Date \_\_\_\_\_

RETURN THIS FORM TO THE DISTRICT BUSINESS OFFICE

Adopted: 11/18/13