



WEBER SCHOOL DISTRICT PURCHASING CARD APPLICATION

CARDHOLDER INFORMATION

NAME (AS YOU WANT IT TO APPEAR ON CARD)	
SCHOOL/DEPT #	SCHOOL/DEPT NAME
BUSINESS PHONE	BUSINESS MAILING ADDRESS
EMAIL ADDRESS	

I have requested that Weber School District (the "District") provide me with a credit card for use in my employment with the District. I understand and agree that the District will provide me with a card on the following terms and conditions:

1. I will only use the credit card for authorized District purposes as outlined in the District's then current policies on credit card use. I acknowledge and agree to abide by the Purchasing Card limitations which include the type of products which may be purchased and the expenditure amount allowed per purchase and per month.
2. I am responsible to read and understand the District's policies on credit card use as they are changed from time to time and I agree to adhere to those policies.
3. I agree that purchases of personal items and services, or using the card to obtain cash advances, constitute unauthorized use of the Purchasing Card. I am personally responsible for any unauthorized use or misuse of the credit card either by me or by any other individual. I promise to immediately repay the District for any unauthorized use or misuse of the credit card assigned to me. Any unauthorized expenditures which remain unresolved in excess of sixty (60) days shall become subject to collection by the District.
4. I hereby authorize the District to reduce or offset my compensation to recoup or recover any sums related to unauthorized use or misuse of the credit card.
5. Upon termination of employment or reassignment within the District, I agree to surrender the Purchasing Card to Weber School District and surrender all privileges associated with the card.
6. If the card is lost or stolen, I will immediately notify U.S. Bank by telephone. I will confirm the telephone commitment by mail or facsimile with a copy of the notification to the Director or Purchasing.
7. The card is District property. I understand that I may be periodically required to comply with control procedures designed to protect District assets. This may include being asked to produce the card to validate its existence and account number. I may also be asked to produce receipts and statements to audit its use.
8. I will receive a monthly reconciliation statement, which will report all activity during the statement period. I am responsible for all charges (but not for payment) on the card. I will resolve any discrepancies by contacting either the supplier or the bank.
9. I have read the Weber School District "Purchasing Card Procedures Training Manual." I understand all of the policies and procedures contained in the manual and this document and agree to comply with them.
10. I understand the District can revoke my credit card privileges or cancel the credit card at any time for any reason or no reason. I agree to surrender the District's credit card at any time requested by the District.

Cardholder Signature

Date

Administrator/Director's Signature

Date