

CARDHOLDER'S STATEMENT AFFIRMING FAMILIARITY WITH REQUIREMENTS FOR USING DISTRICT CREDIT AND/OR PROCUREMENT CARDS

Cardholder's Name

Cardholder's Address

Position

Name of Individual who Authorize Issuance of Card

I affirm that I am familiar with the Board's policy on using credit and procurement cards, that I understand my responsibilities regarding use of such cards, and that I agree to adhere to all requirements regarding such cards.

Cardholder's Signature

Date

I provided a copy of this Statement along with a copy of the Board policy 4:55, Use of Credit and Procurement Cards, to the cardholder who signed this statement.

Office Personnel

Date

EXHIBIT

5/19, 5/2021