

CREDIT CARD ISSUANCE AGREEMENT

I herewith acknowledge receipt of a Todd County School District credit card. I have read the Credit Card Issuance Policy adopted by the School Board and I agree to its terms. I specifically agree to pay for any charge made on this card during the time it is in my possession that is not made for a proper school purpose or is not properly documented. In the event the card is lost or stolen, I will immediately notify the credit card company and the District.

Option 1: In the event the card is not reported lost or stolen within 12 hours of the loss the employee liability is limited to \$50.00

Signed this ____ day of _____, 20__.

RECIPIENT

Credit Card Number: _____
Date Issued: _____
Return Date: _____
Credit Limit: _____
Purpose of Issuance: _____

REVIEWED: August 24, 2015