## ORNING UNION HIGH SCHOOL DISTRICT

Jared Caylor, Superintendent

Board Members: James Bingham, Larry Glover, Todd Henderson, Cody Lamb, Tony Turri

The US Bank Cal-Card represents the district's trust in you. You are empowered as a responsible agent to safeguard the district's assets. Your signature below is verification that you have read and agree to comply with the following responsibilities.

| purchases.  | ved purchases only and I agree     | not to charge persona                 |
|---|------------------------------------|---------------------------------------|
| Improper use of this card can be considered naction up to and including termination of emp  |                                    | s may resu <b>l</b> t in disciplinary |
| If the card is lost or stolen, I will immediately notify the CBO or Accounts Payable.   |                                    |                                       |
| I agree to surrender the card immediately upon or involuntary reasons.  | termination of employment, whether | er for retirement, voluntary,         |
| All charges will be billed directly to and paid directly by the district. The bank cannot accept any monies from me directly; therefore, any personal charges billed to the company will be considered misappropriation of district funds.  |                                    |                                       |
| As the card is district property, I understand that I may be periodically required to comply with internal control procedures designed to protect district assets.  |                                    |                                       |
| The charges made against my card are automatically assigned to the cost center assigned to the card as specified by the business office. This code cannot be changed by the user. When changed, the new accounting code will not affect any charges made prior to the charge but will affect future charges.  |                                    |                                       |
| I understand the Cal-Card is not provided to all employees. Assignment is based on the need to purchase materials for the district and/or to provide for business travel. Card use privileges may be revoked at any time. I understand that the card is not an entitlement nor reflective of title or position.   |                                    |                                       |
| Administration Only   |                                    |                                       |
| The card is issued in my name. I will not allow any other person to use the card. I am considered responsible for any and all charges against the card.   |                                    |                                       |
| I will receive a Monthly Reconciliation Statement (MRS), which will report all activity during the stat period. Since I am responsible for all charges, but not for payment, on the card, I will resolv discrepancies by either contacting US Bank or Accounts Payable. I will attach receipts for all transato the MRS and submit to the business office in a timely manner in order to avoid late charges |                                    |                                       |
|   |                                    |                                       |
| Employee Signature  | Employed Printed Name              | Date                                  |
|   |                                    |                                       |

Phone: (530) 824-8000

Fax: (530) 824-8005

643 Blackburn Ave. Corning, CA 96021