



CAL-Card PROGRAM EMPLOYEE AGREEMENT

(Appendix B)

Due to your position and job responsibilities, the District has issued you a Visa bankcard from U.S. Bank Government Services. Although the CAL-Card is issued in your name, the District is liable for all charges in accordance with the State of California Master Agreement with U.S. Bank Government Services. All purchases made under the authority of the Alvord Unified School District (AUSD) CAL-Card program shall comply with AUSD policies and acquisition regulations.

Possession of a procurement card is a privilege and a responsibility that is not to be abused. The procurement card is to be used for the purpose of facilitating, *not circumventing*, the purchasing process. It is to be used only when it is not possible to submit a purchase order. In other words, if an item or service can be ordered on a purchase order and/or it is not an emergency, do not use the card for the purchase!

By participating in the AUSD CAL-Card program as a cardholder, I understand that I am assuming the responsibilities pertaining to the program's operation and administration. I further understand that:

1. The card is to be used for official District purchases only. **The CAL-Card will not be used for personal purchases.** I understand that personal purchases on the CAL-Card can be considered as misappropriation of funds.
2. The card is embossed with my name, and is for my use only.
3. **If my card is lost or stolen, I will notify the Controller and U.S. Bank Government Services immediately at (800) 344-5696.**
4. Use of the CAL-Card does not release me from compliance with the District's policies and procedures.
5. I have read and understand the prohibited uses of the CAL-Card per State and District guidelines.
6. The issuance of the CAL-Card is a privilege, and misuse or abuse of the card can be cause for disciplinary action up to and including termination of employment.
7. **I will examine my cardholder statement for any billing discrepancies and submit all receipts and supporting documents to the Accounts Payable within 15 days of the statement date. Failure to submit this information in a timely manner will result in immediate suspension of my CAL-Card use.**
8. I will receive a Monthly Reconciliation Statement (MRS), which reports all activity during the statement period. I will resolve any discrepancies by either contacting the supplier or the bank and report such to the AUSD Fiscal Services.
9. I understand that my card limit is \$ _____ for a single purchase without prior approval, and \$ _____ per month. This can only be altered by prearrangement with the CFO.
10. 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. This may include being asked to produce the card to validate its existence and account number.
11. I understand that copies of the CAL-Card statement may be provided to the Board of Education and to the public upon request.
12. My card will be returned to the District upon termination of employment or as required by the CFO or his/her designee.
13. I understand that I am required to attend an annual training as part of a refresher course.

My signature below represents that I have read and understand the CAL-Card User Manual, this Agreement and/or have attended the required annual training for card holders.

Print Name: _____ Last 4 digits of CAL-Card: _____

Sign: _____ Date Signed: _____

Date of Training: _____

As supervisor, I acknowledge responsibility for review and approval of the expenditures of the above named employee.

Name: _____ Signature: _____ Date: _____