ONALASKA I.S.D.

EMPLOYEE CREDIT CARD AGREEMENT

I, _____, hereby request an Onalaska ISD ___Corporate Visa ___Sam's Club Direct ___Lowe's Credit Card ___Tractor Supply Corp card. As a cardholder, I have read, understand and agree to comply with the Onalaska ISD Purchasing Procedures.

1. I understand that I am being entrusted with a valuable tool, the corporate credit card. I will be making financial commitments on behalf of The District. I will obtain the best value for Onalaska ISD by using the card wisely and with discretion.

2. I agree to use this card for official approved work-related purchases only. I fully understand that misuse or abuse of the card will result in revocation of the card and in appropriate disciplinary action which may include termination of my employment.

3. Policy violations include, but are not limited to:
   - Purchasing items for personal use or non-district business purposes
   - Exceeding purchasing limits if any
   - Using the card for unauthorized expenditures
   - Failure to turn the card over to the card administrator when appropriate
   - Failure to submit proper documentation (detailed receipts) within 5 days of each purchase
   - Allowing the card to be used by someone else

4. I agree that if sales tax is mistakenly added to my district purchase, I will be responsible for obtaining either a credit/refund from the vendor or reimbursing the district for the sales tax.

5. I agree to return the card immediately upon request or upon termination of employment (including retirement and resignation). Should I be transferred, qualify for extended leave or undergo an organizational change which causes my duties to no longer necessitate the use of the card, I agree to return it immediately and arrange for a new one as may be appropriate.

6. I agree that if the card is lost or stolen, I agree to immediately notify the Onalaska ISD Business Manager, Angela Foster (646-1002 or @ afoster@onalaskaisd.net) verbally and in writing.

Specific Uses or Restrictions: Prior approval via an approved Purchase Order must be obtained prior to use.

_____ _____
Employee Signature/Campus/Department Date

_____ _____
Business Manager/Credit Card Administrator Date

Submit to Business Manager for Authorization