



## SANTA BARBARA CITY COLLEGE

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721 Cliff Drive, Santa Barbara, CA 93109-2394; Phone (805) 965-0581 x 2387; Fax (805) 897-3505

**Please review the terms stated below and sign:**

I agree to use this card only for approved business expenses incurred in accordance with District, Trust, and Auxiliary Procedures. The use of this card may not be delegated to anyone other than myself.

I have read the District Credit Card Procedures, provided to me in email form, detailing allowable and non-allowable expenses, and will follow the procedures contained therein. I acknowledge the use of this card for any purpose other than SBCCD-approved business expenses is prohibited and grounds for corrective action, up to and including termination. In addition, I will reimburse SBCCD for any unauthorized charges, by indicating those expenses in the Concur system with the "Personal – Non-reimbursed" distinction. Following your submission and approval, these expenses will be invoiced to you and payment will be expected upon receipt, payable online through Pipeline or by submitting to the Cashiers Office, indicating your Concur personal expense and your employee identification number (K#).

I will surrender the card immediately upon retirement, termination, or upon request of an authorized representative of SBCCD Purchasing or Business Services Departments. The use of this card after privileges are withdrawn is prohibited.

I will manage my monthly credit card statement, reviewing each expenditure for validity, coding each expenditure, and garnering appropriate approvals in a timely fashion. Completed and approved credit card statements will be submitted to the Accounting offices by the stated deadlines, currently the 10<sup>th</sup> of each month.

If the card is lost or stolen, I will immediately notify the issuing bank by telephone. I understand that failure to promptly notify the issuing bank of the theft, loss, or misplacement of the credit card could result in me being responsible for any fraudulent use of the card.

**CARDHOLDER RECEIPT ACKNOWLEDGEMENT OF CAL CARD VISA**

Cardholder's Name (Print): \_\_\_\_\_

Cardholder's Primary Department//Org: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

CalCard Number (last 4 digits): \_\_\_\_\_