

**Frankfort Square Park District
Credit Card Agreement**

I, _____, agree to the following terms and credit card procedures stated below.

Terms and Procedures

I take full responsibility for all charges to the credit card issued under my name. I fully understand and agree that any misuse or unauthorized use of the card may result in cancellation of the card and withdrawal of my credit card privileges and possible discipline, up to and including termination.

I further understand and agree that:

- I bear ultimate responsibility for the card.
- Credit cards may be used only for approved FSPD business transactions.
- I will not use the credit card to withdraw cash unless specifically authorized by the Executive Director.
- Credit card purchases greater than \$250 must be authorized by the Executive Director prior to use.
- I will not use the credit card for personal expenses and will use it only for official business on behalf of FSPD.
- I am responsible for saving and providing documentation/receipts supporting all purchases and use of the credit card.
- A purchase receipt form with receipts attached will be turned in promptly to the Bookkeeper after each purchase or use of the credit card.
- If I misuse the card (i.e. use it otherwise than in accordance with the instructions given to me in this agreement or related policies) or otherwise fail to reconcile my expenditures within the prescribed procedures and timeframe, I understand that FSPD will request my authorization to recover the funds through payroll deductions for any amounts incorrectly claimed or for reconciliation that are one month in arrears of the statement date.
- If the credit card is lost or stolen, I will report it immediately to the Bookkeeper.
- If I resign from FSPD, I will return the card with a final reconciliation of all expenditures prior to departure to the Bookkeeper.
- If I am terminated from my employment at FSPD, I will return the card immediately and shall provide a final reconciliation of all expenditures prior to the receipt of final paycheck.

I have read and fully understand and agree to the above terms.

Employee Signature: _____ **Date:** _____

Authorizing Signature: _____ **Date:** _____

Card Return

Received By: _____ **Date:** _____