



# Department Credit Card Use Agreement

Business Services, Santa Barbara City College

Please review the terms stated below and sign.

I am the designated departmental responsible party for this card and I agree to secure this card in a locked cabinet, safe, or other limited access location. I agree to issue use of this card only to members of my department for a limited and specified date range, as approved by the Dean, Director, or other manager in charge at the time of issuance. I agree to keep a log tracking issuance, use, and return of this card. I agree to collect receipts, or images of receipts, or other file types documenting card use, and to complete the monthly card statement reconciliation and submission for this card.

I agree to permit use of this card only for approved business expenses incurred in accordance with District, Trust, and Auxiliary Procedures.

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 revocation of the departmental card. In addition, I will ensure SBCCD is reimbursed for any unauthorized charges, by indicating those expenses in the Concur system with the "Personal - Non-reimbursed" distinction. Following my submission and approval, these expenses will be invoiced to my department and payment will be expected upon receipt, payable online through Pipeline or by submitting to the Cashiers Office, indicating my department's Concur personal expense and my employee identification number (K#).

I will surrender the card immediately 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 The use of this card after privileges are withdrawn is prohibited.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 the monthly credit card statement, reviewing each expenditure for validity, coding each expenditure, and garnering appropriate approvals in a timely fashion. Completed and approved Concur credit card reports **will** be submitted to the Concur Reporting System 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 revocation of the departmental card.

## DESIGNATED DEPARTMENTAL RESPONSIBLE PARTY ACKNOWLEDGEMENT OF CAL CARD VISA RECEIPT

Departmental Responsible Party Name (Print): \_\_\_\_\_

Primary Department//Org: \_\_\_\_\_

Signature: \_\_\_\_\_

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

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