Operational Services

Exhibit - Cardholder's Statement Affirming Familiarity with Requirements for Using District Credit and/or Procurement Cards

Cardholder's Name	
Cardholder's Address	
Cardholder's Position	
Name of individual who authorizes issuance of card.	
I affirm that I am familiar with the Board's policy on us my responsibilities regarding the use of such cards, a regarding such cards.	•
Cardholder's signature	Date
I provided a copy of this Statement along with a copy Procurement Cards, to the cardholder who signed this	
Office personnel signature	Date
Revised: October 2023	