

EXHIBIT

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CREDIT CARDS

DISTRICT-ASSIGNED CREDIT CARD HOLDER AGREEMENT

By my signature I hereby acknowledge that I have read and understand the Pinal County Accommodation School District's credit card policy and regulations. Furthermore, I affirm that I will not use the credit card for personal reasons. I understand that a violation of this agreement may result in disciplinary action up to and including termination, and possible legal action.

Signature

Position

Printed name

Date signed

*Pinal County Schools Credit Card Holders agree to follow Pinal County Schools and USFR procurement policies. The dollar amount will be based and determine at the time of submission of request to use district credit cards.