

**Grossmont-Cuyamaca Community College District
CARDHOLDER AGREEMENT**

Please review the terms stated below and sign:

I agree to use this card only for approved business expenses incurred in accordance with the District Procedures. I understand and acknowledge that use of the card may not be delegated to anyone other than myself as cardholder.

I have read the District Operating Procedures PU5 and/or PU7 and agree to abide by the procedures contained therein. I acknowledge that use of this card for any purpose other than GCCCD approved business expenses is prohibited and is grounds for corrective action, up to and including termination. In addition, I must reimburse GCCCD for such charges.

I agree to surrender the card immediately upon retirement, termination, or upon request of an authorized representative of GCCCD Purchasing or Business Departments. I understand that use of the card after privileges are withdrawn is prohibited.

If the card is lost or stolen, I will immediately notify the issuing bank by telephone. I will confirm the telephone notification by mail or facsimile to the issuing bank with a copy to the Purchasing and Contracts Department. I understand that failure to promptly notify the issuing bank of the theft, loss, or misplacement of the credit card could make me responsible for any fraudulent use of the card.

Bank Contact:

US Bank National Association
PO Box 6335
Fargo, ND 58125-6335
Customer Service: 800-344-5696
Fax: 866-229-9625

GCCCD Purchasing and Contracts Department

Director, Purchasing and Contracts
8800 Grossmont College Drive
El Cajon, CA 92020
619-644-7585
619-644-7994

Cardholder _____
(print name)

Business Officer _____
(print name)

Signature _____

Signature _____

Date _____

Date _____

Dept. _____

Dept. _____

Phone No. _____

Phone No. _____