



County of Imperial CAL CARD Policy Acknowledgement Form

I understand that this card may only be used for official County of Imperial business. I will not use this card to make unauthorized, prohibited, or personal purchases. The misuse of this card may subject me to criminal or civil penalties. Any purchases that are in excess of the card dollar limits, or outside of the approved commodity or merchant categories are unauthorized, as is use of the card by anyone other than the cardholder. I understand that unauthorized use of the card may result in temporary suspension or revocation of CALCARD and payment for unauthorized charges. Situations may arise when I will need to reimburse the County of Imperial for certain charges. I will reimburse the County of Imperial within 30 days of the charge. If no reimbursement has been made within 30 days, I authorize the County of Imperial to deduct the charges from my payroll check on the next pay period.

I understand that I am responsible for the card's safekeeping at all times. I will immediately notify U.S. Bank, County of Imperial Purchasing Department, and the Approving Official in the event that my card is lost or stolen, or if I believe the card has been used in a fraudulent manner.

I will review the monthly statement immediately upon receipt and forward verification of charges to the Approving Official. If I dispute a charge, I will immediately seek to resolve the problem with the vendor and complete a "Statement of Questioned Items" form per the current procedure.

I understand that the County of Imperial has the unconditional right to cancel the cards issued to me at any time. In the event that the County of Imperial cancels the card issued to me, or prior to separation from service, I will immediately cut them in half and return them to the Purchasing Department or Approving Official.

I understand that this card is valid only while I am employed in this department and that if I transfer to another department, or terminate my employment, I must relinquish this card to the Approving Official of the card.

**Please review Section 3 (Authorized and Prohibited Uses)
of the County of Imperial CAL CARD Policy**

**I certify that I have received and read a copy of the Revised County of Imperial CAL CARD Policy.
Policy Number: PUR-PO-002-2024 (v3.0)**

Cardholder Name: _____

Date: _____

Signature: _____

Department: _____