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## SOME BUILT-IN RESTRICTIONS

**30-day credit limit of $2,500.00**

**no individual transaction may exceed $300 in value**

## MONTHLY STATEMENT

## LOST OR STOLEN CARDS

## U.S. BANK CUSTOMER SERVICE

Note: These phone numbers are also listed on the back of your card.

## Online Registration

https://access.usbank.com/cpsApp1/AxolPreAuthServlet/logout.do?requestCmdId=logoutSuccess

- x
- x
- x
- x
- x

## Questions?

# Purchase Requisition PURCHASING No. 2603135

**Vendor Information**

US BANK, CORPORATE PAYMENT SYSTEMS
PO BOX 790428

ST LOUIS MO 63179-0428
Contact Person: LISA 916-427-6585
Phone: (800) 227-6736 Fax:

List "US BANK, CORPORATE

**Requisition Information**

SHIP TO: SEE DESCRIPTION IN P.O. FOR LOCATIONS
REQUESTER: CLAY, SHARON
PROJECT: CAL CARD

Use "Cal Card" as the project.

REQUISITION TYPE: Purchase Order
ORDER METHOD: SEND CHECK TO VENDOR
REQUISITION DATE: 10/15/2015 DATE REQUIRED: 10/30/2015
REFERENCE:
BUYER: AWARD NUMBER:

| Line | Qty | Unit | Part# | Description | Account Number | Unit Price | Extended | Tax | Freight |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 1 | L0T | | PURCHASE AT OFFICE DEPOT, SPECIALTY COLORED LABELS (NOT AVAILABLE IN WAREHOUSE) | 0300.0000.000.0.0000.7530.4350.000 OFFICE SUPPLIES | 25.15 | 25.15 | 0.00 | 0.00 |
| 2 | 1 | L0T | | PURCHASE AT COSTCO, MEETING REFRESHMENTS FOR PARENT MEETING (AGENDA ATTACHED) | 0300.0000.000.0.0000.7530.4350.000 OFFICE SUPPLIES | 45.79 | 45.79 | 0.00 | 0.00 |
| 3 | 1 | L0T | | PURCHASE AT AMAZON.COM, READING BOOKS FOR CLASSROOMS | 0300.0000.000.0.0000.7530.4350.000 OFFICE SUPPLIES | 115.37 | 115.37 | 0.00 | 0.00 |

Internal Notes:

Include one line item for

APPROVAL SIGNATURES: _____

_____

| | |
|---|---|
| Sub-Total: | 186.31 |
| Freight: | 0.00 |
| Tax: | 0.00 |
| Total Amount: | 186.31 |

NOTES:

REQUESTOR'S COPY

CAL-CARD PURCHASES FOR STATEMENT DATED 9/22/2015
CARDHOLDER: SHARON CLAY

Thursday, October 15, 2015

# I.M.P.A.C. PROGRAM - CARDHOLDER STATEMENT OF QUESTIONED ITEM

(Please print or type in black ink.)

Cardholder Name (please print or type) _____ Account Number _____

Cardholder Signature _____ Date _____ (Area Code) Telephone Number/Ext. _____

The transaction in question as shown on Statement of Account

| Transaction Date | Reference Number | Merchant | Amount | Statement Date |
|---|---|---|---|---|
| _____ | _____ | _____ | _____ | _____ |

Please read carefully each of the following situations and check the one most appropriate to your particular dispute. If you have any questions, please contact us at 1-800-227-6736. We will be more than happy to advise you in this matter.

1. UNAUTHORIZED MAIL OR PHONE ORDER
   [ ] I have not authorized this charge to my account. I have not ordered merchandise by phone or mail, or received any goods or services

2. DUPLICATE PROCESSING – THE DATE OF THE FIRST TRANSACTION WAS _____.
   [ ] The transaction listed above represents a multiple billing to my account. I only authorized one charge from this merchant for this amount. My card was in

# CAJON VALLEY UNION SCHOOL DISTRICT
## PURCHASING CARD APPLICATION AND AGREEMENT

Please read the terms stated below and sign. Return the signed original to the Director of Purchasing.

I agree to use this card only for actual and necessary business expenses incurred by me and only me as cardholder in accordance with the CVUSD Purchasing Card Policy and Procedures and all business policies related to the use of District funds. I understand and acknowledge that use of the card may not be delegated to anyone other than myself as cardholder.

I have read the CVUSD Purchasing Card Policy and Procedures and agree to abide by the Policy and Procedures contained therein. I acknowledge that use of this card for any other purpose other than CVUSD approved business expense is prohibited and is grounds for disciplinary action by the District.

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

If the card is lost or stolen, I will immediately notify U.S. Bank Customer Service by telephone and the Director of Purchasing. I understand that failure to promptly notify the issuing bank of the theft, loss or misplacement of the card could make me responsible for any fraudulent use of the card.

I agree to submit reconciled monthly statements, with required backup and signatures as stated in the Policy and Procedures, to the District's Accounting Department by the 1ST of each month. I understand that failure to do so may be grounds for disciplinary action by the District.

I understand that I must reimburse the District for any purchases that I make that are not approved by the District which do not comply with the terms of the CVUSD Purchasing Card Policy and Procedures

I, (printed name of cardholder) _____, have read the District's Purchasing Card Program Policy and Procedures and agree to abide by them upon acceptance of a Purchasing Card issued to me, and that revocation of card authorization will have no effect on obligations outstanding as of the date of revocation.

Signature: _____ Date: _____ Site: _____
(cardholder signature)

Signature: _____ Date: _____ Site: _____
(approving official signature)

Application approved by
Director of Purchasing: _____ Date: _____

Purchasing Card number: _____ expiration date: _____

Cardholder signature,
acknowledging receipt of purchasing card: _____ Date: _____