Operational Services - Exhibit

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

Cardholder's name	
Cardholder's address	
Position Name of individual who authorized issuance of card.	
Cardholder's signature	Date
I provided a copy of this Statement along war and Procurement Cards, to the cardholder wh	ith a copy of the Board policy 4:55, <i>Use of Credit</i> no signed this statement.
Office personnel	Date