



RANCHO SANTIAGO COMMUNITY COLLEGE DISTRICT CHANCELLOR’S CABINET VISA CARDHOLDER AGREEMENT

The purpose of this agreement is to define the policy pertaining to the use of Rancho Santiago Community College District’s (District) VISA credit card for Chancellor’s Cabinet members (cardholder) and describe each cardholder’s responsibilities as a trusted representative.

Each Chancellor’s Cabinet member, in the spirit of serving the District, is issued a VISA credit card only for costs related to the Cabinet member’s travel and conference expenses (required and in accordance with AR 7400), business related meals, necessary supply items of \$500 or less in a single transaction and recurring services no more than \$30 per month that do not conflict with district requirements in BP/AR 6330 and AR 3412.

The following are conditions the cardholder shall agree and abide by:

1. I agree that the VISA credit card is to be used only for legitimate business purposes of the District as stated above.
2. I agree that the VISA credit card shall never be used for personal purposes or to obtain cash advances, even if on behalf of the District, or to purchase equipment, software, or other IT devices, contracted services, alcohol, illegal or otherwise inappropriate or unauthorized items, or to circumvent the normal purchasing process.
3. I agree not to share the VISA credit card or card number with any unauthorized user, even if on behalf of the District.
4. I agree to exercise proper care in handling the VISA credit card while in my possession and to ensure that the account number/information remains confidential. The VISA credit card shall be stored under lock and key when not in use.
5. **I agree to submit original itemized receipts within three (3) business days to Accounts Payable along with the Authorization for Payment form which includes an explanation documenting the business necessity and pertinent details as supporting documentation for each purchase.**
6. I agree that if I lose an itemized receipt and cannot obtain a copy within ten (10) business days, I will reimburse the District by check or, by signing this agreement, I authorize the District to deduct the amount from my paycheck.
7. I understand that I am responsible for ensuring there is sufficient budget in the appropriate accounts for all purchases.
8. I understand that the cardholder and District will receive the VISA credit card statements and the use of the VISA credit card will be audited.
9. I understand that the Chancellor or designee will review and approve the VISA credit card statements on a monthly basis for propriety.
10. I agree that if I misplace or lose the VISA credit card or if the card number is compromised, I will notify the Assistant Vice Chancellor, Fiscal Services in a timely manner.
11. If I leave the employment of the District, it is my responsibility to return the card to the Assistant Vice Chancellor, Fiscal Services.

I acknowledge that violating this agreement may lead to cancellation, suspension, or revocation of the District VISA credit card and could subject me to disciplinary action by the District.

Cardholder’s Name	Signature	Date
Marvin Martinez		
Chancellor	Signature	Date