



DRIPPING SPRINGS INDEPENDENT SCHOOL DISTRICT
DSISD SIGNATURE CARD
USER AGREEMENT

Dripping Springs ISD has implemented a purchasing card program, known as the *Signature Card* to facilitate certain purchases and travel expenditures. By using the DSISD Signature Card, the user assumes responsibility for the transactions made. By accepting the Card, the user agrees to comply with District policies and audits of the transactions made. Signature Card rules and procedures may be updated or changed at any time. Users will be notified of such changes and responsible for complying with revised policies.

The DSISD Signature Card may only be used in compliance with purchasing laws of the State of Texas. District policies must be followed in order to maintain compliance with the laws.

Initials	As a User of the DSISD Signature Card, I agree to the following
	I am being entrusted with the Signature Card and will be making financial commitments on behalf of the Dripping Springs Independent School District (the District).
	I have received a copy of the District's Signature Card Procedures Manual (the Manual) and understand the requirements for the use of the Signature Card.
	The District is liable to Citi Bank for all charges made on the Card. I understand that I am liable for all charges not in compliance with this Agreement or with the Signature Card Procedures Manual.
	The Signature Card is not transferable and shall not be used by anyone other than the authorized user.
	I understand that the use of the Signature Card is subject to audit at any time and that appropriate actions will be taken to enforce this Agreement and violations of the Signature Card Procedures Manual. Failure to follow the Signature Card Procedures Manual may result in the revocation of my use of the Signature Card and other possible disciplinary actions.
	I agree to comply with competitive procurement policies and will obtain the best value when using the Signature Card to make a purchase.
	Improper use of this card may result in disciplinary action, <u>up to and including termination of my employment</u> . Should I fail to use this card properly, I authorize the District to take from my salary as a payroll deduction an amount equal to the total of the discrepancy. I also agree to immediately repay to the District all amounts owed by me for unauthorized charges even if the Dripping Springs Independent School District no longer employs me.
	If the Signature Card is lost or stolen, I agree to notify the District Business Office and Citi Bank immediately.

I, _____, hereby request a Signature Card through the District's Purchasing Card Program. As a holder I agree to comply with the following terms and conditions regarding my use of the card. Purchases made in violation of the policy as set forth in the Manual will subject me to liability for the total dollar amount of such unauthorized purchase(s).

Cardholder:

Signature: _____ Date: _____

Campus/Department: _____ Cell/Campus Number: _____

Approving Campus Administrator:

Signature: _____ Date: _____

Approving Officer:

Signature: _____ Date: _____

Assistant Superintendent for Business Services