

## Washoe County School District District Employee Agreement

I, (employee name)		request the use of the
Purchasing Card assigned to (name of school	ol/name of department)	_
I agree to comply with the following terms	and conditions regarding my use	e of the card.
• I understand that I am being entrusted financial commitments on behalf of the best value for the District.		
<ul> <li>I agree to use this Purchasing Card purchases. I understand the Accord Department, or other oversight depart appropriate action on any discrepancies</li> </ul>	unts Payable Office, the Grar rtments, will audit the use of	its Department, the Purchasing
I will follow the established procedure in either revocation of my use pri accordance with the Washoe County	vileges or other disciplinary	actions, including discipline in
• I have read a copy of the Purchasing Funds Procedures Manual, as applicause.		
• I agree to return the Purchasing Car (including retirement), or upon any or		
• If the Purchasing Card is lost or stoler (775-348-0307) and the issuing finance		ng Card Program Administrator
Employee Signature	Employee ID Number	Date
Principal/Manager Printed Name	Principal/Manager Signature	
As of the date below, I will no longer be using	g any Purchasing Card issued to	the above unit.
Employee Signature		Date

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