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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.	
I affirm that I am familiar with the Board's policy on using understand my responsibilities regarding use of such cards requirements regarding such cards.	· · · · · · · · · · · · · · · · · · ·
Cardholder's signature	Date
I provided a copy of this Statement along with a copy of the Bo Procurement Cards, to the cardholder who signed this statement	•
Office personnel	Date
DATED:	

■ [May 12, 2014]