



Credit Card Usage Responsibility Form

By signing this form I acknowledge that I have read, understand, and will comply with all provisions in the *Credit Card Usage Policy*.

My signature hereby acknowledges that:

- I understand and accept that any health department credit card in my possession is my responsibility and that misuse of any card will be considered a serious infraction of employee conduct.
- I understand that I must complete all requisite paperwork before each use of an agency credit card, and may not amend or expand an approved purchase order without prior approval from my Director and the Fiscal Director.
- I certify that I will do everything in my power to prevent unauthorized use, and that intentional misuse or gross negligence may be subject to prosecution and disciplinary action up to and including termination.
- It is my responsibility to ensure tax exempt status is applied to every applicable purchase.
- I will immediately report to my Director, the Health Commissioner, and the Fiscal Director in writing if an agency credit card in my possession is lost, stolen, or if I believe unauthorized use has occurred.

Print Name

Signature

Date

For Office Use Only			
<input type="checkbox"/> Employee is Authorized to use TLCHD Credit Card(s)		<input type="checkbox"/> Authorization Denied (employee cannot use a credit card) <input type="checkbox"/> Authorization Revoked (attach supporting documentation)	
_____ <i>Health Commissioner Signature</i>	_____ <i>Date</i>	_____ <i>Health Commissioner Signature</i>	_____ <i>Date</i>
_____ <i>Fiscal Director Signature</i>	_____ <i>Date</i>	_____ <i>Fiscal Director Signature</i>	_____ <i>Date</i>