

MINIDOKA COUNTY JOINT SCHOOL DISTRICT #331

FINANCIAL MANAGEMENT

7440F

District Credit Card Holder Agreement

By my signature I hereby acknowledge that I have read and understand the **MINIDOKA COUNTY JOINT SCHOOL DISTRICT #331**'s credit card policy. Furthermore, I affirm that I will not use the credit card for personal reasons. I understand that a violation of this agreement may result in disciplinary action up to and including termination, and possible legal action.

Signature

Position

Printed Name

Date Signed