

## Flagstaff Unified School District Gas Card Form and Agreement

**The FIRST boxed portion must be completed prior to checking out a District Gas Card**

I _____ (Print Name) am requesting the use of a District Gas Card for the following purpose: _____	
The District Gas Card will be used on the following dates _____	
Signature _____	
Job Title _____	
School/Department Name _____	
<b>Choose One: District: Vehicle #</b> _____ <b>Rental License Plate #</b> _____ <b>Personal License Plate #</b> _____	
I (Supervisor) _____ (Print Name) by signing this form am approving the above trip and the use of a District Gas Card.	
Signature _____	Job Title _____
School/Department Name _____	

### **Guidelines for use of the District Gas Card:**

- \* **Must be returned the following business day after the travel**
- \* **When the District Gas Card is returned it must be accompanied by a schedule/agenda of the event which includes the dates and times of each event along with all original receipts.**
- \* **Personal Vehicle Travel- When using your personal vehicle, you must leave town on a full tank of gas that you have paid for. You may fill up during travel and again when you return to Flagstaff using the District Gas Card.**

**The SECOND box must be complete upon returning the District Gas Card**

Beginning Odometer reading	_____
Ending Odometer reading	_____
Total Miles Driven	_____

In return for the purchasing authority delegated to me and in consideration of my responsibility to properly steward public resources, I agree to undertake the following responsibilities:

1. I understand that the District shall be liable for all District Gas Card transactions. I shall retain itemized receipts for all transactions I make and will turn in such receipts to the designated Department Fiscal Representative by the end of the following business day, subsequent to my return. I understand that failure to turn in said invoice may result in my having to reimburse the District for the charge.
2. I will promptly report any lost or stolen Gas Card to the designated Department Fiscal Representative.
3. I will purchase ethically, fairly, and without conflict of interest; to seek the best value in my use of the Gas Card. I understand that my use of the Gas Card shall be audited.

I further understand that my improper use of the District Gas Card may result in disciplinary action against me and possible termination. Should I fail to use this District Gas Card properly, I authorize Flagstaff Unified School District to deduct from my salary or from any other amounts payable to me, an amount equal to the total of the improper purchases. I also agree to allow Flagstaff Unified School District to collect any amounts owed by me even if I am no longer employed by the District. If Flagstaff Unified School District initiates legal proceedings to recover amounts owed by me under this Agreement, I agree to pay legal fees incurred by the District in such proceedings.

I understand that the District may terminate my privilege to use the District Gas Card at any time for any reason in accordance with the gas card policy.

I hereby acknowledge receipt:

\_\_\_\_\_  
Card Number

\_\_\_\_\_  
Expiration Date

### **Cardholder:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### **District Office:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date Card Checkout

\_\_\_\_\_  
Date Card Returned