



Tehama County Department of Education

Travel CAL-Card Request Form

TCDE Employee Name: _____

Manager Name: _____ Department: _____

Date(s) of Travel: Leave: _____ Return: _____

Travel Requisition Number: _____

Manager Signature

Date

CAL-Card Administrator Signature

Date

Acceptance of US Bank CAL-Card Travel Card Terms

The US Bank CAL-Card represents the department's trust in you. You are empowered as a responsible agent to safeguard department assets. Your signature below is verification that you have read and agree to comply with the following responsibilities.

1. I understand the card is for department-approved purchases only and I agree not to charge personal purchases.
2. Improper use of this card can be considered misappropriation of department funds. This may result in disciplinary action up to and including termination of employment.
3. This card is temporarily issued to me. I will not allow any other person to use the card. I am considered responsible for any and all charges against the card.
4. All charges will be billed directly to and paid directly by the department. The bank cannot accept any monies from me directly; therefore any personal charges billed to the company will be considered misappropriation of department funds.
5. A reconciliation statement, which will report all activity during the statement period, will be sent to the CAL-Card Administrator. When returning the card I will attach receipts for all transactions to the CAL-Card Administrator within three business days of return from travel. The Travel Requisition Number and employee name will be written on all receipts/statements.
6. Assignment of this temporary card is based solely on the need for business travel.

Employee Signature

Date

Last four digits of card number assigned: _____

Date Returned: _____

CAL-Card Administrator Signature