



Clint Independent School District
Gas Cards Agreement Form



District Checkout and Agreement Form
Forward Original to the Business Services Department
Use one (1) form for each card

My signature on this form indicates that I have been issued a Clint Independent School District Gas Card. I understand that I am responsible for all charges to this card, and further understand that all charges to this card will be made within the scope of my duties and responsibilities as a District employee and as directed by my immediate supervisor. If this card is misplaced and lost, I agree to notify my immediate supervisor immediately. By accepting this card, I agree to the terms and conditions set forth and am aware that any misuse or abuse of the card and all associated privileges will be subject to disciplinary action, to include termination.

Card Issued:

Card Name Card Number

Employee Name Date Issued

Employee Signature _____

Supervisor Signature _____

Card Returned:

Card Name Card Number

Employee Name Date Returned

Employee Signature _____

Business Svc Signature _____

Cards must be returned directly to the Business Services Department office by the employee. The employee assigned to the card is solely responsible for any expenditures or expenses incurred.

Business Services Department - Note Disposition of Card and Date