

SAMPLE

**Cardholder
Acknowledgement and Responsibility Form**

The CAL-Card purchase card number _____
has been assigned to _____.

By signing this form, the above named person acknowledges they are responsible for the security of the card and for the appropriate use of this card for departmental/official purchases only. **No personal purchases are allowed.** Furthermore, they have attended training and understand their agency's policies and procedures.

The cardholder understands this card is valid only while employed in this department; upon termination of employment or transfer to another department/agency the cardholder must relinquish this card to the assigned CAL-Card Program Administrator for their agency.

Cardholder Printed Name

Cardholder Signature

Department

Date