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SOME BUILTIN RESTRICTIONS

30-day credit limit of \$2,500.00

no individual transaction may exceed \$300 in value

MONTHLY STATEMENT

LOST OR STOLEN CARDS

U.S. BANK CUSTOMER SERVICE

Note: These phone numbers are also listed on the back of your card.

Online Registration

<https://access.usbank.com/cpsApp1/AxolPreAuthServlet/logout.do?requestCmdId=logoutSuccess>

X
X
X
X
X

Questions?

Purchase Requisition

PURCHASING

No. 2603135

Vendor Information

US BANK, CORPORATE PAYMENT SYSTEMS
PO BOX 790428

ST LOUIS MO 63179-0428

Contact Person: LISA 916-427-6585

Phone: (800) 227-6736

Fax:

List "US BANK, CORPORATE

Requisition Information

SHIP TO: SEE DESCRIPTION IN P.O. FOR LOCATIONS

REQUESTER: CLAY, SHARON

PROJECT: CAL CARD

Use "Cal Card" as the project.

REQUISITION TYPE: Purchase Order

ORDER METHOD: SEND CHECK TO VENDOR

REQUISITION DATE: 10/15/2015

DATE REQUIRED: 10/30/2015

REFERENCE:

BUYER:

AWARD NUMBER:

Line	Qty	Unit	Part#	Description	Account Number	Unit Price	Extended	Tax	Freight
1	1	L0T		PURCHASE AT OFFICE DEPOT, SPECIALTY COLORED LABELS (NOT AVAILABLE IN WAREHOUSE)	0300.0000.000.0.0000.7530.4350.000	25.15	25.15	0.00	0.00
				OFFICE SUPPLIES					
2	1	L0T		PURCHASE AT COSTCO, MEETING REFRESHMENTS FOR PARENT MEETING (AGENDA ATTACHED)	0300.0000.000.0.0000.7530.4350.000	45.79	45.79	0.00	0.00
				OFFICE SUPPLIES					
3	1	L0T		PURCHASE AT AMAZON.COM, READING BOOKS FOR CLASSROOMS	0300.0000.000.0.0000.7530.4350.000	115.37	115.37	0.00	0.00
				OFFICE SUPPLIES					

Internal Notes:

Include one line item for

APPROVAL SIGNATURES:

Sub-Total: 186.31

Freight: 0.00

Tax: 0.00

Total Amount: 186.31

NOTES:

REQUESTOR'S COPY

CAL-CARD PURCHASES FOR STATEMENT DATED 9/22/2015
CARDHOLDER: SHARON CLAY

Thursday, October 15, 2015

I.M.P.A.C. PROGRAM - CARDHOLDER STATEMENT OF QUESTIONED ITEM

(Please print or type in black ink.)

Cardholder Name (please print or type)

Account Number

Cardholder Signature

Date

(Area Code) Telephone Number/Ext.

The transaction in question as shown on Statement of Account

Transaction Date

Reference Number

Merchant

Amount

Statement Date

Please read carefully each of the following situations and check the one most appropriate to your particular dispute. If you have any questions, please contact us at 1800-227-6736. We will be more than happy to advise you in this matter.

1. UNAUTHORIZED MAIL OR PHONE ORDER

☐ I have not authorized this charge to my account. I have not ordered merchandise by phone or mail, or received any goods or services.

2. DUPLICATE PROCESSING—THE DATE OF THE FIRST TRANSACTION WAS _____.

☐ The transaction listed above represents a multiple billing to my account. I only authorized one charge from this merchant for this amount. My card was in my possession at all times.

3. MERCHANDISE OR SERVICE NOT RECEIVED IN THE AMOUNT OF _____.

☐ My account has been charged for the above transaction but I have not received the merchandise or service. I have contacted the merchant but the matter was not resolved. (Please provide a separate statement detailing the merchant contact, and the expected date to receive the merchandise or service.)

4. MERCHANDISE RETURNED IN THE AMOUNT OF \$ _____.

☐ My account has been charged for the above listed transaction, but the merchandise has since been returned.
Enclosed is a copy of my postal or UPS receipt.

5. CREDIT NOT RECEIVED

☐ I have received a credit voucher for the above charge, but it has not yet appeared on my account. A copy of the credit voucher is enclosed.
(Please provide a copy of this voucher with this correspondence).

6. ALTERATION OF AMOUNT

☐ The amount of this charge has been altered since the time of purchase. Enclosed is a copy of my sales draft showing the amount for which I signed.
The difference of amount is \$ _____.

7. INADEQUATE DESCRIPTION/UNRECOGNIZED CHARGE

☐ I do not recognize this charge. Please supply a copy of the sales draft for my review. I understand that when a valid copy is sent to me, a Statement of Questioned Item Form must be provided and will include the copy of the sales draft if a further dispute exists. If a copy of the sales draft cannot be obtained, a credit will appear in my account.

8. COPY REQUEST

☐ I recognize this charge, but need a copy of the sales draft for my records.

9. SERVICES NOT RECEIVED

☐ I have been billed for this transaction. However, the merchant was unable to provide the services.

☐ Paid for by another means. My card number was used to secure this purchase, however final payment was made by check, cash, or another credit card. (Enclosed is my receipt, canceled check (front and back), copy of credit card statement, or applicable documentation indicating that payment was made by other means).

10. NOT AS DESCRIBED

☐ (Cardholder must specify what goods, services, or other things of value were received). The item(s) specified do not conform to what was agreed upon with the merchant. (The cardholder must have attempted to return the merchandise and state so in their complaint).

11. IF NONE OF THE ABOVE REASON APPLY-PLEASE DESCRIBE THE SITUATION :

(Note: Provide a complete description of the problem, attempted resolution and outstanding issues. Use a separate sheet of paper, if necessary, and sign your description statement).

ATTACH THIS FORM TO YOUR STATEMENT ALONG WITH ANY SUPPORTING DOCUMENTATION AND SEND TO THE PURCHASING DEPARTMENT . THE PURCHASING DIRECTOR WILL FILE THE DISPUTE WITH THE BANK ONLINE.

CAJON VALLEY UNION SCHOOL DISTRICT
PURCHASING CARD APPLICATION AND AGREEMENT

Please read the terms stated below and sign. Return the signed original to the Director of Purchasing.

I agree to use this card only for actual and necessary business expenses incurred by me and only me as cardholder in accordance with the CVUSD Purchasing Card Policy and Procedures and all business policies related to the use of District funds. I understand and acknowledge that use of the card may not be delegated to anyone other than myself as cardholder.

I have read the CVUSD Purchasing Card Policy and Procedures and agree to abide by the Policy and Procedures contained therein. I acknowledge that use of this card for any other purpose other than approved business expense is prohibited and is grounds for disciplinary action by the District.

I agree to surrender the card immediately upon resignation, retirement, termination, or upon request of an authorized representative of CVUSD, Purchasing or Business Departments. I understand that use of the card after privileges are withdrawn, are prohibited.

If the card is lost or stolen, I will immediately notify U.S. Bank Customer Service by telephone and the Director of Purchasing understand that failure to promptly notify the issuing bank of the theft, loss or misplacement of the card could make me responsible for any fraudulent use of the card.

I agree to submit reconciled monthly statements, with required backup and signs as stated in the Policy and Procedures to the District's Accounting Department by the 1st of each month. I understand that failure to do so may be grounds for disciplinary action by the District.

I understand that I must reimburse the District for any purchases that I make that are not approved by the District which do not comply with the terms of the CVUSD Purchasing Card Policy and Procedures

I, (printed name of cardholder) _____, have read the District's Purchasing Card Program Policy and Procedures and agree to abide by them upon acceptance of a Purchasing Card issued to me, and that revocation of card authorization will have no effect on obligations outstanding as of the date of revocation.

Signature: _____ Date: _____ Site: _____
(cardholder signature)

Signature: _____ Date: _____ Site: _____
(approving official signature)

Application approved by
Director of Purchasing: _____ Date: _____

Purchasing Card number: _____ expiration date: _____

Cardholder signature,
acknowledging receipt of purchasing card: _____ Date: _____