

Obligation Form

By signing this form, you agree to adhere to all the guidelines listed in the GPISD District and Travel Cards Manual and on the Purchase Order.

(refusal to sign this agreement prohibits you from obtaining a district credit card of any sort)

Reasonable and necessary expenses protocols always need to be followed when using a district credit card.

If you owe the district for any charge on the district credit card while in your possession, the following will occur:

- 1) You will receive an email notification from the Credit Card Specialist detailing what you owe with a deadline to reconcile the balance. Typically, you will have 2 to 3 days after email notification to reconcile the balance unless there are circumstances beyond the Credit Card Specialist's control, in which case you will receive an email notification.
- 2) If the balance owed has not been cleared by the deadline period listed in the email, you are authorizing the district to deduct the amount owed from your mileage reimbursement, if applicable, or your next payroll check.

_____		_____	
Name		Signature	
_____		_____@gpisd.org	
Campus/Dept	Email Address		
_____	_____	_____	_____
Cell Phone Number (Travel Business Only)	Last Four of SSN#	Date	

Internal use only do not write below

\$ _____
Amount to Deduct

Budget Code

PO Number

Signature

Reason for Deduction :

- Missing Receipt(s)
- Over Per Diem
- Tax
- Tip(s)
- Unauthorized Purchase
- Other _____

Date