

Employee Cal Card Check-Out Request Form

Information required prior to Check-Out:

Department Name		Card # checked out
Employee Name	Phone	Email
		<u>\$</u>
Date of Check-Out	Est. Date of Return	Max Amount Requested to Spend
Purpose of check-out (Plea	se attach copy of Conference Requ	est Summary Form if annlicable)

Information Required When Returning Card:

- Itemized receipts for ALL transactions, showing:
- The <u>detail</u> of each transaction (itemized list of goods/services purchased; this includes itemized restaurant receipts)
- A written description/explanation of the charge (e.g., "meal for 3: John Doe, Jane Doe & Bob Smith" or "snacks & supplies for staff meeting")
- The printed name of the employee who made the charge
- Account number expense is to be charged to (if different from above)
- Signature of approval from site/department administrator authorizing expense
- Copy of Conference Request Form (if applicable)
- If card is lost , notify Purchasing Department immediately

NOTE: Barring extraordinary circumstances (e.g, loss of luggage by airline etc.), transactions for which no receipts are provided will be billed to the employee who checked out the card

I, the undersigned Cuesta College Employee, understand and agree to the requirement and financial responsibilities associated with the check-out and use of the Cuesta Check-Out Cal Card. Furthermore, I agree to adhere to the Cuesta College Card Policies and Procedures as outlined in the Cal Card Policy and Procedures Handbook. I acknowledge that I have received a copy of said policies and procedures.

Employee Name Date

SITE/DEPARTMENT AUTHORIZATION AND SPENDING LIMIT: **If using Foundation funds- Encumbrance must be made prior to request.**		
Department Name	Account String	
FOUNDATION ECUMBRANCE		
After reviewing the request and verifying that the department/site I expenses, I authorize the employee named to check out a Cuesta Co		
Maximum amount authorized to spend: \$		
Fund Budget Manager	Date	
000000000000000000000000000000000000000	000000000000000000000000000000000000000	
FISCAL SERVICES APPROVAL:		
I, Director of Fiscal Services for Cuesta College, have reviewed the request <i>Check-Out</i> Cal Card as requested.	and authorize issuance of a	
Director of Fiscal Services	Date	
Fiscal Budget Accountant	 Date	
Exception: Approval of non-travel/conference expenses		
VP of Administrative Services (Must sign for any exceptions)	Date	

RETURN THIS FORM TO THE PURCHASING DEPARTMENT ONCE IT HAS BEEN APPROVED BY YOUR DEPARTMENT ADMINISTRATOR

