



Employee Cal Card *Check-Out* Request Form

Information required prior to Check -out:

Site/Department Name	Funding Information
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Employee Name	Phone	Email
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Date of Check out	Est Date of Return	\$ _____ Max Amount Requested to Spend
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Purpose of check-out (*Please attach copy of Conference Request Summary Form if applicable*)

Requisition/Purchase Order # associated with this expenditure

Information Required When Returning Card:

- **Itemized receipts for ALL transactions, showing:**
- The detail 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 PIQE 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)

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 Adelanto Elementary School District Employee, understand and agree to the requirement and financial responsibilities associated with the check-out and use of the AESD **Check-Out** Cal Card. Furthermore, I agree to adhere to the AESD Cal Card Policies and Procures as outlined in the Cal Card Policy and Procedures and I acknowledge that I have received a copy of said policies and procedures.

Employee Signature	Date
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ASSISTANT SUPERINTENDENT OF BUSINESS SERVICES APPROVAL:

I, Assistant Superintendent of Business Services for the Adelanto Elementary School District, have reviewed the request and authorize issuance of a **Check-Out** Cal Card as requested.

Assistant Superintendent of Business Services or Authorized District Official

Date