

## CREDIT CARD USE POLICY

### POLICY #4

April 25, 2024

#### **1. Purpose**

The purpose of this policy is to prescribe the internal controls for management of district credit cards.

#### **2. Scope**

This policy applies to all individuals who are authorized to use district credit cards and/or who are responsible for managing credit card accounts and/or paying credit card bills.

#### **3. Implementation**

A credit card shall be issued to the agency administrator. District Credit cards shall not be issued to or used by members of the Board of Directors. Directors will use their personal credit cards for lawful expenses of the district and seek reimbursement on a form provided by the district for that purpose. (Appendix A)

- a) All credit card bills shall be paid timely to avoid late fees and finance charges. The district shall not reimburse for late fees and finance charges.
- b) All credit card expenses shall be reasonable and necessary to the furtherance of district business and made in accordance with district policy. No personal expenses shall be charged on a district credit card. If a transaction involves both personal and district business, the credit card holder shall pay for the transaction personally and request reimbursement by the district of the appropriate portion of the expense.
- c) All credit card transactions shall have third-party documents (receipts) attached and the district purpose annotated by the cardholder.
- d) The Board Chair or Designee shall review and approve credit card transactions by the agency administrator.

e) All records of the district involving credit card use, including receipts, invoices, and requests for reimbursement are disclosable public records to be maintained consistently with the district's records management policy.

**Approval Signatures:**

\_\_\_\_\_

Chair, Board of Directors

\_\_\_\_\_

Date

\_\_\_\_\_

Secretary, Board of Directors

\_\_\_\_\_

Date

draft

APPENDIX A - Credit Card Use Policy

<b>Expense Reimbursement form for Mendocino Coast Health Care District</b>				
Send this form to: <a href="mailto:info@medh.org">info@medh.org</a> - Submit only 1 form per month.				
Name: _____				
<b>Instructions:</b> • Only reasonable and allowable expenses will be reimbursed. • Receipts for all expenses must be submitted with form.				
Date	Reason for Expense; If travel, List names of meetings, conferences, etc.	Provide vendor information; If travel, provide information about which meal, hotel name, rental car company, mileage, etc.	Miles	Amount
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
				\$0.00
<b>Total Expenses for the month</b>				<b>\$0.00</b>
<b>Signatures Required</b>				
<b>OR</b>				
_____ Chair of the Board of Directors			_____ Chief Financial Officer	