

SCS Cost Center: _____

PURCHASING CARD APPROVAL FORM

Name of purchaser _____ Date _____

Vendor Name _____

Justification for purchase: _____

Source of Funding _____

Purchaser's Signature _____ Date _____

#	Item Number	Item Description	Unit Price	Total Price
Subtotal				
Tax				
Shipping and Handling				
TOTAL COST				

Principal's signature _____ Date _____

Activity Sponsor's Signature _____ Date _____

If the Source of Funding is through Central Office, you will need to obtain the following signatures prior to using the card.

Supervisor Signature _____ Date _____

Federal Funds Director Signature _____ Date _____

Superintendent's Signature _____ Date _____