Madison School District Credit Card Use Request Form



Any school-related purchases must receive prior approval from the Central Office. All requests must be filed one week prior to the purchase date. Emergency or last minute requests, transactions that can be completed on account by check or PO may be denied.

IT IS STRONGLY ENCOURAGED TO PROCESS ANY AND ALL PAYMENTS THROUGH THE PURCHASE REQUISITION & ORDER PROCESS.

STAFF MEMBER INFORMATION	
Staff Name:	_ Date of Application Request:
Department:	_
CREDIT CARD REQUEST Please indicate below which school credit card you are requesting.	
■ Walmart ■ Sam's Club Membershi	p
Items To Be Purchased:	
Items	Cost
	Total
Estimated Dollar amount:	Amount Not to Exceed:
Account to Expense:	
Date requested to be reserved to use card:	
Date requested to be reserved to use card:	
Memo:	
APPROVAL	
Principal Signature:	Date:
Superintendent Signature	Date