

## Purchasing Card Ratification Form (Must provide and attach an itemized receipt showing actual price paid and description

of items purchased. If a Generic P-Card is used, attach p-card sign out log)

Supplier Name			Transaction Number
			(To be Completed by District)
(Request cannot be	ount String processed without complete alid Account #)	School or Dept Location	Amount
Emplo	oyee Name	Employee ID #	Last Four Card #
	<b>7</b>		
Name on the purchase card:			
To be completed by the Employee: Explain in detail what the purchase is for, why this purchase was made			
without a Purchase Order, and what has been/will be done to prevent this from occurring in the future.			
CERTIFICATION			
I hereby acknowledge that the above transaction is in violation of the purchasing card procedures and that			
repeated violations MAY result in revocation of the purchasing card privilege. I understand that I am permitted			
to make purchases that follow purchasing card policies and agree to refer to the Purchasing Card manual or			
contact the Purchasing Card Administrator if I am unsure about the purchasing card policies or instructions.			
Frankland Cimpotons			
Employee Signature			Date
To be completed by the Employee's Supervisor: Describe steps taken to address this violation and			
prevent recurrence:			
OFFICIATION & APPROVAL OF PAYMENT			
CERTIFICATION & APPROVAL OF PAYMENT: As the responsible Supervisor, I hereby certify that I am satisfied with the explanation, and I have discussed with the			
employee the need to adhere to HCS purchasing procedures prior to purchase card use.			
		<del>,</del>	<del></del>
Supervisor Signature		Date	
**Not Valid unless signed by District P-Card Administrator**			
	District P-Card Ad	lministrator Signature	Date
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