

MUST BE FILLED OUT PRIOR TO ANY PURCHASE BEING MADE



**DARLINGTON COUNTY SCHOOL DISTRICT
AUTHORIZATION FORM FOR USING PROCUREMENT CARD**

Authorization is given to _____ **WHOM IS MAKING PURCHASE** _____ for use of DCSD
VISA **Procurement Card number** _____ on this date,
DATE OF PURCHASE; not to exceed \$ **DOLLAR AMOUNT NOT TO EXCEED**

By signing this form, I am agreeing to:

- Adhere to purchase limits/restrictions of this Procurement Card, not to exceed \$2,500 per transaction;
- Provide all sales slips and/or register receipts for all purchases for each transaction while using this Procurement Card;
- Provide a detailed itemization of receipt if receipt is not clear as to what has been purchased;
- Provide attendance information (number of people attending, place, date, food provided, etc.) for all transactions involving food.

Cardholder's signature: **CARD HOLDERS SIGNATURE PRINCIPAL OR DEPARTMENT HEAD**
MUST HAVE SIGNATURE PRIOR TO PURCHASE

Authorized User's Signature: **WHOM IS MAKING PURCHASE SIGNATURE**
MUST HAVE SIGNATURE PRIOR TO PURCHASE

Fund Manager Approval /Signature: _____ **FUND MANAGERS SIGNATURE**
MUST HAVE SIGNATURE PRIOR TO PURCHASE
LILKENYA JENKINS- FUND MGR SIGNATURE

Approved by: _____ **FUND MANAGERS SIGNATURE**
MUST HAVE SIGNATURE PRIOR TO PURCHASE
SPECIAL REVENUE FUND MANAGER

Account Number(s):

ACCOUNT # ASSIGNED BEFORE PURCHASING

Amount:

\$\$\$\$COST

\$ _____
\$ _____
\$ _____
\$ _____

TOTAL (IF MORE THAN ONE AMOUNT)

Check Number:

NEXT # FROM CSI

Vendor:

WHERE PURCHASE WAS MADE

Post Date (from statement) : _____

Purpose: FULL DETAILS: