386 E. Black Street
P.O. Drawer 10072
Rock Hill, SC 29731

T: (803) 981-1000
F: (803) 981-1094
www.rockhillschools.com

P-Card Turn-In Form

Turn-In Date: _____

Card User Information

Name on card and last four digits _____

Department _____

Cardholder Email _____

Role (Check all that apply)_____Cardholder_____Proxy Reconciler

Reason:

_____

_____

P-Card (Check one that apply) _____Return to Purchasing _____Paper Shred

Supervisor / Administrator _____Date:_____

Purchasing _____Date:_____

Return this form and the Purchasing Card to Business Services / Procurement

Date: