Established 1915
BROWARD
County Public Schools

AFFIDAVIT

I, [Name of Principal/Head of Department], of legal age, [title], and currently residing at [address], after having been duly sworn in accordance with law, do hereby depose and state:

1. **Affiant's Position and Authority**
   I am the [Principal/Head of Department] of [Department/School], and as such, I am authorized to make this affidavit.

2. **PCard Holder's Details**
   The subject of this affidavit is [Name of PCard Holder], who was employed as [Position/Title] in the [Department/School] and was issued a PCard with card number ending in [last four digits of card].

3. **Circumstances of Death or Abandonment**
   [Name of PCard Holder] has [passed away/abandoned his/her job] effective [date of death/abandonment].

4. **Authorization of Transactions**
   I have reviewed the PCard statement for the period covering [statement period]. Based on my knowledge and available records, all transactions listed therein were authorized and conducted for legitimate business purposes of [Department/School].

5. **Efforts to Retrieve Receipts**
   Upon learning of the [death/abandonment] of [Name of PCard Holder], all reasonable efforts were made to retrieve the supporting receipts and documentation for the transactions. Despite these efforts, it was not possible to obtain the receipts due to the aforementioned circumstances.

6. **Affirmation**
   I affirm that this affidavit is executed to attest to the validity of the transactions on the PCard and to explain the absence of supporting receipts, in compliance with the policies and procedures of BCPS.

IN WITNESS WHEREOF, I have hereunto set my hand this ___ day of _____***, 20***, at [City, State].

[Name of Principal/Head of Department]
[Position/Title]
[Department/School]

SUBSCRIBED AND SWORN to before me this ___ day of _____***, 20***, at [City, State], affiant exhibiting to me his/her competent evidence of identity.

NOTARY PUBLIC

My commission expires: _____