ELIZABETH CITY-PASQUOTANK
PUBLIC SCHOOLS

**Elizabeth City-Pasquotank Public Schools**
1200 S. Halstead Blvd.
Elizabeth City, NC 27909
(252) 335-2981 (phone)
(252) 335-0974 (fax)

# Request to Use School System Credit Card

**Date of Request:**_____ **Requestor Name:**_____

**Specific Reason for Request**:_____

_____

**Vendor Name:**_____

**Dollar Amount to be Charged to Credit Card:**_____

**Budget Code:** _____

**Purchase Order Number:** _____

By signing below I certify that I am authorized to request the transaction listed above and that the charge is being made in accordance with Elizabeth City-Pasquotank Public Schools policy. I agree to keep all credit card information confidential, to include receipts, and provide a receipt to the Finance Officer for the charge referenced above at the time the purchase is made.

**Employee Signature:**_____ **Date (Credit Card Signed Out):**_____

**Employee Signature:**_____ **Date (Credit Card Returned):**_____

**Supervisor/Fund Administrator Signature:**_____ **Date:**_____

*This instrument has been preaudited in the manner required by the School Budget and Fiscal Control Act.*

**Finance Officer Signature:**_____ **Date:**_____