



Advance Approval Request for Third-Party Payment Portals

Cardholder Name: _____ Date of Request: _____

Phone Number: _____ Last 4 Digits on Card: _____

School or Department Name: _____

Type of Payment Portals

_____ Paypal _____ Square _____ Venmo _____ Zelle _____ Other

Vendor Name: _____

Justification: _____

Payment Amount: _____ *(Attach quote or supporting documents)*

Is this a recurring payment: Yes No

If yes, enter end date of the current fiscal year: _____

Is this request to pay a current employee or family member? Yes No

(If yes, the approval is automatically denied)

"I acknowledge that paying an employee or family member is against CCSD Policy and can lead to a violation up to and including termination."

Cardholder's Name: _____

Cardholder's Signature: _____

Procurement Official Use Only
Request Approved by: _____
Request Completed by: _____
Date Completed: _____