DARLINGTON COUNTY SCHOOL DISTRICT

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PREAUTHORIZATION FORM FOR USING PROCUREMENT CARD

To be completed if authorizing an employee other than the cardholder to make a purchase:

Authorization is given to _WHOM IS MAKING PURCHASE____ for use of DCSD VISA Procurement Card (last 4 numbers) _____ 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.

Authorized User's Signature: WHOM IS MAKING PURCHASE SIGNATURE

Approved by: FUND MANAGERS SIGNATURE OR ATTACH EMAIL W/ APPROVAL_
Special Revenue Fund Manager (If Required)

Cardholder's Signature: _CARD HOLDERS SIGNATURE_ Date: DATE OF SIGNATURE_

Vendor: _WHERE PURCHASE WAS MADE___

Account Number(s):	Amount:
ACCOUNT # ASSIGNED BEFORE PURCHASING	$ $$$COST
_____ _____ _____ _____ _____	$ _____
_____ _____ _____ _____ _____	$ _____
_____ _____ _____ _____ _____	$ _____
_____ _____ _____ _____ _____	$ _____
_____ _____ _____ _____ _____	$ _____
_____ _____ _____ _____ _____	$ _____
TOTAL (IF MORE THAN ONE AMOUNT)	$ _____

Details of Purchase:
FULL_DETAILS_____

When any part of a conference is charged details need here : _____
NAMES – DATES - COST PER ROOM/PERSON - LOCATION- NAME OF CONFERENCE -ATTACH APPROVAL TRAVEL FORM -ATTACH CONFERENCE AND HOTEL CONFIRMATIONS

Check Number: _NEXT # FROM CSI___ **Post Date (From Statement) :** _____

Revised 7.20.26