SCHOOLS LOC ACCOUNT # TITLE I USE ONLY

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# DARLINGTON COUNTY SCHOOL DISTRICT

## 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 _____ for use of DCSD VISA Procurement Card (last 4 numbers) _____ on this date, _____ ; 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: _____**

**Approved by: _____**
**Title I Fund Manager**

**Cardholder's Signature: _____ Date: _____**

**Vendor: _____**

**Account Number(s):** **Amount:**

_____ _____ _____ _____ _____ **$ _____**
**$ _____**
**$ _____**
**$ _____**
_____ _____ _____ _____ _____ **$ _____**
**$ _____**

**TOTAL** (IF MORE THAN ONE AMOUNT) **$ _____**

**Details of Purchase:**

_____
_____
_____
_____

**Check Number:_____ Post Date (From Statement) : _____**

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