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) : _____

TITLE I USE ONLY TITLE I USE ONLY
FUNDS FOR TITLE I DISTRICT PARENT SET-A-SIDE ACCOUNT MONIES
SEND A COPY TO ANITA JEFFERY

Revise 7.20.2026