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: _____
Special Revenue Fund Manager (If Required)

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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