



P-Card Purchase Request Form

Department Activity Funds

1. Fill out form completely
2. Purchase must be approved by Director
3. For purchases over \$250 must be approved by the Associate Superintendent for Finance
4. Inter-mail receipt to Patrice Morrison along with signed request form

Department: _____ Date of Request: _____

Requested By: _____ Vendor(s): _____

Purpose (Detailed): _____

Account: _____ Account Balance: _____

Estimated Cost: _____

Director Signature <i>Always Required</i>	Date
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Associate Superintendent for Finance <i>Required for Purchases over \$250.00</i>	Date
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For Office Use

Receipts Received on: _____

Purchase Amounts	Vendor Name
Receipt #1: _____	_____
Receipt #2: _____	_____
Receipt #3: _____	_____
Receipt #4: _____	_____
Total: _____	

Statement ID: _____ Date released: _____ Secretary's Signature: _____