PURCHASING CARD PRE-APPROVAL FORM

to be used to document pre-approval of purchases for Cardholders

CARDHOLDER NAME: _____ **DATES NEEDED:** _____

PURPOSE(S) FOR DATES NOTED ABOVE:

_____

_____

_____

SUPERINTENDENT'S PRE-APPROVAL:
By signing below, I authorize the aforementioned Cardholder to use a District issued purchasing card for purchases from the vendors or within the established purpose(s) listed below at the amounts estimated.

_____
SUPERINTENDENT'S SIGNATURE

FOR OFFICE USE ONLY

____ Activity Fund
____ General Fund

Card Issued: _____
Credit Limit Approved: _____
Notes: _____
_____
_____

CARDHOLDER ACKNOWLEDGEMENT:
I understand I am pre-approved to make purchases from the vendors or within the established purpose(s) listed below at the amounts estimated. Also, I have read and understand the district's Purchasing Card Guideance.

_____
CARDHOLDER SIGNATURE

PRE-APPROVAL OF PURCHASES			
DATE	**VENDOR/PURPOSE**	**ESTIMATED AMOUNT**	**ADMIN APPROVAL**