



P.O. Box 337
Hertford NC 27944
252-426-5741

Request to Use School System Credit Card

Date of Request: _____ Requestor Name: _____

Specific Reason For Request: _____

Vendor Name: _____

Dollar Amount to be Charged to Credit Card: _____

Budget Code: _____

By signing below I certify that I am authorized to request the transaction listed above and that the charge is being made in accordance with Perquimans County Schools policy. I agree to keep all credit card information confidential, to include receipts, and will provide a receipt to the Superintendent for the charge referenced above at the time the purchase is made.

Employee Signature:

Date:

Funding Authorization:

Date:

Superintendent's Authorization:

Date:

This instrument has been pre-audited in the manner required by the School Budget & Fiscal Control Act.
