



I/We request the use of the School District Credit Card for the following activity:
DATE:

Name of Person using credit card: _____

Name on Card and last 4 digits: _____

Vendor Name: _____

Amount: _____

Expense Purpose:

- I have read, understand, and accept the following guidelines and requirements associated with authorized use of the Proviso School District 209 District Credit card.
- Authorized user(s) will sign their name for all charges and on receipts.
- No personal-used items, including alcohol, shall be purchased using the school district credit card. Any such charges will be the financial responsibility of the authorized used(s) and will result in disciplinary action
- All credit card charges must be documented with an itemized receipt. Charges without itemized receipts will be the financial responsibility of the authorized user(s)

Account Code: _____

School Site/Department: _____

Employee Signature: _____ **DATE** _____

APPROVED BY:	
DIRECTOR/SUPERVISOR	DATE _____
_____	_____
SUPERINTENDENT/DESIGNEE	DATE _____
_____	_____