

# CREDIT CARD

REQUEST FORM



OFFICE OF BUSINESS ADMINISTRATION

PROVISO TOWNSHIP HIGH SCHOOL DIST. 209

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 own 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 user(s) and result in disciplinary action.
- All credit card charges must be documented with an itemized receipt. Charges without itemized receipt will be the financial responsibility of the authorized user(s).

ACCOUNT CODE:

SCHOOL SITE/DEPARTMENT:

EMPLOYEE SIGNATURE

\_\_\_\_\_

DATE:

\_\_\_\_\_

## APPROVAL

DIRECTOR/SUPERVISOR

\_\_\_\_\_

DATE:

\_\_\_\_\_

SUPERINTENDENT/DESIGNEE

\_\_\_\_\_

DATE:

\_\_\_\_\_

THANK YOU FOR YOUR INFORMATION

PTHS209.ORG