



## DISTRICT CREDIT CARD AUTHORIZATION FORM

I give \_\_\_\_\_ permission to use the district credit card

for the purpose of: \_\_\_\_\_

The charges should be posted against PO# \_\_\_\_\_. The ORIGINAL receipts should be sent to Central Office immediately after use.

\_\_\_\_\_/ DATED: \_\_\_\_\_

DIRECTOR

I \_\_\_\_\_ understand that by using the district credit card I am to obtain a tax exempt form prior to use: \_\_\_\_\_ (INITIALS).

I understand that I must return the card in person to the Business Office NO LATER THAN 4PM THE NEXT BUSINESS DAY, unless prior authorization has been obtained by the Director and business office: \_\_\_\_\_ (INITIALS).

I will return the original receipts to my designated secretary for payment upon return: \_\_\_\_\_ (INITIALS).

\_\_\_\_\_/DATED: \_\_\_\_\_

AUTHORIZED USER  
BOE EMPLOYEE

ORIGINAL MUST BE SENT WITH EMPLOYEE, NO STAMPED SIGNATURES ACCEPTED