



Request to Use 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 Pitt County Schools policy. I agree to keep all credit card information confidential, to include receipts, and will provide a signed receipt for the charge referenced above at the time the purchase is made. Individual receipts should be taped to the back of this form or on a separate 8.5x11 sheet of paper.

Employee Signature:  
\_\_\_\_\_

Date:  
\_\_\_\_\_

Principal/Director Signature:  
\_\_\_\_\_

Date:  
\_\_\_\_\_