

ORE CITY ISD – AUTHORIZATION FOR USE OF CREDIT CARD

DATE _____ **TIME** _____

EMPLOYEE NAME _____

REASON FOR REQUEST _____

BUDGET EXPENSE ACCOUNT _____

ANTICIPATED CHARGE _____

EXPECTED DATE OF RETURN _____

YOUR SIGNATURE BELOW ACKNOWLEDGES THAT YOU HAVE RECEIVED THE CREDIT CARD AND AGREE TO COMPLY WITH ORE CITY ISD PROCEDURES.

EMPLOYEE

PRINCIPAL/DIRECTOR