



WESTERN PLACER
UNIFIED SCHOOL DISTRICT

Credit Card Pre-Use Approval Form

Failure to obtain prior approval from the Business Office for each credit card use may result in personal financial responsibility. Send original completed form to Business Office for consideration. You will be notified when approved.

I am requesting the approval of the Business Office to make the following charge on the District credit card:

Name: _____ Site: _____

Vendor: _____

Amount: _____ Anticipated date of charge: _____

Description of Item(s) to be charged:

Area/Location/Program where item(s) will be used:

Reason for using credit card rather than purchase order:

Funding Source (Include account code below.):

| FD | RESC | Y | OBJT | SO | GOAL | FUNC | SCH | L1 | LO2 | L3 |
|----|------|---|------|----|------|------|-----|----|-----|----|
| | | | | | | | | | | |

Requestor Signature

Date

Site Administrator Signature

Date

Ed Services Authorized Signature (if applicable)

Date

Business Office Authorized Signature

Date