



**ROCK HILL SCHOOLS  
P-CARD USER AUTHORIZATION FORM**

LOCATION: \_\_\_\_\_

\_\_\_\_\_ IS REQUESTING AUTHORIZATION FOR THE USE  
Requestors Name and Job Title

OF PURCHASING CARD: \_\_\_\_\_ CARD # \_\_\_\_\_  
Cardholders Name Last 4 digits

FOR THE PURPOSE OF \_\_\_\_\_  
\_\_\_\_\_

DATE NEEDED: \_\_\_\_\_ DATE RETURNED: \_\_\_\_\_

VENDOR NAME(S):	FOR AN AMOUNT UP TO:

\_\_\_\_\_

AUTHORIZED: \_\_Yes \_\_No

\_\_\_\_\_  
CARDHOLDER/DESIGNEE SIGNATURE

\_\_\_\_\_  
DATE