

P-Card Turn-In Form

Procurement Services

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Rock Hill School District Three
386 East Black Street
Rock Hill, SC 29730
803-981-1162

Turn-In Date: _____

Card User Information

Name on card and last four digits _____

Department _____

Cardholder Email _____

Role (Check all that apply) _____ Cardholder _____ Proxy Reconciler

Reason:

P-Card (Check one that apply) _____ Return to Purchasing _____ Paper Shred

Supervisor / Administrator _____ Date: _____

Purchasing _____ Date: _____