



386 E. Black Street  
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## REQUEST FOR PURCHASING CARD

**THIS FORM SHOULD BE SENT TO BUSINESS SERVICES WHEN COMPLETED**

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

School or Department: \_\_\_\_\_

Cardholder/Position: \_\_\_\_\_

Reconciler/Liaison: \_\_\_\_\_

Training Required (Mandatory for new Cardholders/Liaisons):  Yes  No

Requested Credit Limit: \$ \_\_\_\_\_

Intended Use:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Principal/Department Head Approval: \_\_\_\_\_

\*\*\*\*\*COMPLETED BY BUSINESS SERVICES\*\*\*\*\*

\_\_\_\_\_  
Terri Smith  
Assistant Superintendent of Business Services

\_\_\_\_\_  
Date

Approved  Y  N

Approved Credit Limit: \$ \_\_\_\_\_

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

\_\_\_\_\_  
P-Card Administrator

\_\_\_\_\_  
Date