

Purchasing Card: Approving Official Acknowledgement



Office of the Chief Operating Officer
 MONTGOMERY COUNTY PUBLIC SCHOOLS
 Rockville, Maryland 20850

PURPOSE: To authorize cards for staff members.

As approving official for these employees, I acknowledge that I am responsible to ensure that the employees listed below abide by the terms of the conditions of the purchasing card agreement. I am responsible for taking appropriate action in situations involving misuse of the card. I am responsible for canceling cards if any of the employees listed below are terminated for any reason, or if any of the employees transfer to another location within MCPS. I am also responsible for making certain that any reports I receive are checked for accuracy.

Approving official: Name (printed) _____ Signature _____
 Location _____ Location number _____ Phone _____-_____-____ Date ____-____-____

Name	MCPS Position Title	MCPS Account Number (Example: 04-121-03-001)	Limit Per Transaction (Auditor Maximum Recommendations)		Previous Location (if any)
			(\$500)	Monthly Limit (\$1,500)	
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					