

Tioga Independent School District

Credit Card Use Authorization Form

Your Name: \_\_\_\_\_ Campus: \_\_\_\_\_ Today's Date: \_\_\_\_\_

**Purpose** (What will be purchased; where, when, how and for whom items will be used):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Request Amount \_\_\_\_\_ Vendor(s) \_\_\_\_\_

**Date(s) and Time** that card will be needed: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ thru \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
DATE TIME DATE TIME

**NOTE: Checkout is for 24 hours unless otherwise specified and approved.**

I agree that the Tioga ISD Credit Card will be used for the intended purpose listed above. I will ensure that the card checked out to me will not be used by anyone else during the checkout period. I agree that an **original itemized receipt** must be obtained for every purchase I make with this card. Receipts must meet TISD requirements and be descriptive. The description must include what was purchased, the cost, name and location of vendor. I recognize sales tax should not be applied to purchases made with this card and I will present a TISD Sales Tax Exemption form to any merchant where the card is used. I will adhere to any and all TISD purchasing guidelines and be responsible including reimbursement for any transaction not meeting TISD & Purchasing requirements. I recognize that failure to return the card by the date below or follow TISD requirements may result in immediate loss of Credit Card use for any future purchases by me.

**Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

\*\*\*\*\*

What budget will payment come from? (Circle One) General Operating / 461 (Activity Acct)

FUND	FUNCTION	OBJECT	SUB-OBJECT	ORGANIZATION	FY	PROGRAM	AMOUNT

**Approval Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Dept Manager/Principal/Superintendent