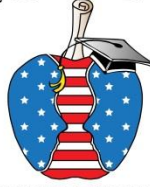


ECPPS



ELIZABETH CITY-PASQUOTANK PUBLIC SCHOOLS
PREPARING GLOBALLY COMPETITIVE CITIZENS

Elizabeth City-Pasquotank Public Schools

1200 S. Halstead Blvd.

P. O. Box 2247

Elizabeth City, NC 27909

(252) 335-2981 (phone)

(252) 335-0974 (fax)

Request to Use School System Credit Card

Date of Request: _____ Requestor Name: _____

Specific Reason for Request: _____

Vendor Name: _____

Dollar Amount to be Charged to Credit Card: _____

Budget Code: _____

By signing below I certify that I am authorized to request the transaction listed above and that the charge is being made in accordance with Elizabeth City-Pasquotank Public Schools policy. I agree to keep all credit card information confidential, to include receipts, and provide a receipt to the Finance Officer for the charge referenced above at the time the purchase is made.

Employee Signature: _____ Date (Credit Card Signed Out): _____

Employee Signature: _____ Date (Credit Card Returned): _____

Supervisor/Fund Administrator Signature: _____ Date: _____

This instrument has been preaudited in the manner required by the School Budget and Fiscal Control Act.

Finance Officer Signature: _____ Date: _____