

Purchasing Card: Approving Official Acknowledgement

Office of Finance and Operations
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland 20850

PURPOSE: To authorize purchasing cards for staff members.

As the approving official for the employees listed below, I acknowledge that I am responsible to ensure that these employees 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 also am responsible for making certain that any reports I receive are checked for accuracy. **Pursuant to the MCPS Financial Manual, Chapter 3, it is recommended to use the purchasing card for purchases of \$250 or less.*

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

Employee Name _____ Employee ID# _____ MCPS Position Title _____

Limit Per Transaction	Monthly Limit	MCPS Account Number Example: 01.02123.00000.123.04.503003.000000.0000.00	Previous Training Date <i>*If less than three years, a new training requirement is needed</i>
\$500	\$1,500		
\$500	\$1,500		
\$500	\$1,500		

Recommended accounts for school-based financial staff: Independent activity fund, Instructional Materials
 Recommended accounts for school-based administrators: None. (Exception: Elementary principal IAF)

Send this completed form to: pcard@mcpsmd.org Users are required to complete training and may be required to complete updated or additional training from time-to-time.