

MONTGOMERY COUNTY PUBLIC SCHOOLS

Purchasing Card: Approving Official Acknowledgement

Office of the Chief Operating Officer
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 ____/____/____

Name and Employee ID Number	MCPS Position Title	MCPS Account Number Example: 01.02123.00000.123.04.503003.000000.0000.00	Limit Per Transaction	Monthly Limit	Previous Training and/or Previous Location (if any)
			(Maximum Recommendations)		
			(\$500)	(\$1,500)	
1. ID #					
2. ID #					
3. ID #					
4. ID #					
5. ID #					

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.