**School District of Okaloosa County**

MIS 5430

6/17

**Finance Department**

**Request to Use Internal Funds Site Purchasing Card**

|  |  |
| --- | --- |
| School Name: |       |
|  |  |
| Employee’s Name: |       |
| Title: |       |
|  |  |
| I request to use one of the school’s Internal Funds Site Purchasing Cards from  |       | , 20 |    | , to |
|       | , 20 |    | , for the purpose(s) shown below: |

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|       |

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| --- | --- | --- |
|  |  |  |
| Employee’s Signature |  | Date |

[ ]  Approved [ ]  Disapproved

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|       |  |  |  |  |
| Principal’s Name (Print) |  | Principal’s Signature |  | Date |