



Purchasing Card: Approving Official Acknowledgement

Office of the Chief Operating Officer
 MONTGOMERY COUNTY PUBLIC SCHOOLS
 Rockville, Maryland 20850

MCPS Form 234-22
July 2009

PURPOSE: To authorize cards for staff members.

As approving official for these employees, I acknowledge that I am responsible to ensure that the employees listed below 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 am also responsible for making certain that any reports I receive are checked for accuracy.

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

Name	MCPS Position Title	MCPS Account Number Example: 01.02123.123.04.503001.000000.0000.0000.00	Limit Per Transaction	Monthly Limit	Previous Location (if any)
			(Maximum Recommendations)		
			(\$500)	(\$1,500)	
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					

SEND THIS COMPLETED FORM TO: Purchasing Card Program Administrator, Division of Controller, Room 156, CESC