



# Purchasing Card: Approving Official Acknowledgement

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

**MCPS Form 234-22**  
**June 2014**

**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.

Approving official: Name (printed) \_\_\_\_\_ Signature \_\_\_\_\_  
 Location \_\_\_\_\_ Location number \_\_\_\_\_ Phone \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_ Date \_\_\_\_-\_\_\_\_-\_\_\_\_

Name and Employee ID Number	MCPS Position Title	MCPS Account Number Example: 01.02123.123.04.503001.000000.0000.0000.00	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 #					