IRON MOUNTAIN PUBLIC SCHOOLS

Credit Card Purchase Pre-approval Form

You must complete this form and receive approval
BEFORE
a credit card purchase is placed.
Thank you.

Date: _____

Name: _____

Phone #: _____ **Email:** _____

Position: _____

Account #: _____

Vendor Name: _____

Item(s) to be purchased: _____

_____

_____

Estimated Cost: _____

Reason for purchase: _____

_____

_____

Administrator Signature: _____ **Date:** _____

Form CD-6
Revised 8-31-10

Purchases will not be made without signature. If your administrator is not available, an email approving the purchase can be attached to this form.