Alachua County Public Schools

Purchasing Department

School Purchasing Card Requisition Form

Vendor Name:_____

Item	Description	Qty	Unit Price ($)	Extended Price ($)
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
	Shipping / Handling			
	Tax (Not Allowable)		0.00	0.00
	TOTAL			0.00

Department/Club to be Billed:_____

Card User Name:_____

Card User Signature:_____

By my signature above, I agree to the following:

1) I understand that I am being entrusted with a powerful and valuable tool and will be making financial commitments on behalf of the School Board of Alachua County, FL.
2) I understand that under no circumstances will I use the School Purchasing Card to make personal purchases, either for myself or others. Willful intent to use the School Purchasing Card for personal gain or unauthorized use may result in disciplinary actions up to and including termination of employment and prosecution to the extent permitted law.
3) I will follow the instructions provided by the School Card Manager, which reflect the purchasing policies of the School Board of Alachua County FL and the established guidelines for using the Purchasing Card. Failure to do so may result in revocation of my card privileges and other disciplinary action.
4) I understand that I am responsible for all charges made against the card while it is in my possession.
5) I understand that a lost or stolen card must be reported **immediately** by telephone to SunTrust Bank.
6) I agree that, should I violate the terms of the agreement, I will be subject to disciplinary action up to and including termination of employment and that I will reimburse the School Board of Alachua County, FL for all unauthorized charges and any costs related to the collection of such charges.
7) I agree to return the School Purchasing Card and the documentation/receipt to the School Bookkeeper the **same day** that I check out the card.
8) I will not use the School Purchasing Card for on-line purchases, travel, postage, or to purchase gift cards.
9) I will ensure that tax is not charged to the District for any purchase made using the School Purchasing Card.

Card Manager Signature:_____ Principal Signature:_____

Date Issued:_____ Date Returned:_____ ☐ Card ☐ Receipt