

A.E.R.O.

SPECIAL EDUCATION COOPERATIVE

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P-CARD PURCHASE APPROVAL FORM

***This form, with receipts, must be received in the Business Office within 3 business days of the purchase.
A separate approval form must be submitted for each transaction.***

Cardholder's Name: _____ Transaction Date: _____

Vendor Name: _____ Amount: \$ _____

Brief description of item(s) purchased: _____

Cardholder signature: _____ Date: _____

Business Manager signature: _____ Date: _____

Billing code: _____ - _____ - _____ - _____ - _____
(Fund) (Program) (Function) (Object) (FY)

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All charges are to be made after the 5th of each month.