

PLANO ISD RETAIL CARD REQUEST FORM

TO BE COMPLETED BY EMPLOYEE REQUESTING USE OF RETAIL CARD FOR *PURCHASES*

Date Requested: ___ / ___ / ___ Date Card Will Be Used: ___ / ___ / ___
 Employee Name: _____ Ext. _____
 Department: _____ Amount Requested: _____ (max \$250)
 Account Code: _____
 Detailed Proposed use of Card: _____

Approved Vendors-Circle One: Calloway's Nursery * Central Market * Costco * Dollar Tree Stores ** Fry's Electronic * Hobby Lobby *IKEA * JoAnn's * Kroger * Market Street * Michael's Stores * Party City * Randall's/Tom Thumb/Albertson's * Sam's Club *Student Activity Advance* Target * Wal-Mart * LIMITED USE ONLY: Credit Card Purchase, Flowcabulary, SeeSaw Learning.

Employee Signature: _____ Date: _____

Over \$250 send completed form to Veronica Couzynse: Approved Denied

Signature: _____ **Date:** _____

TO BE COMPLETED BY EMPLOYEE REQUESTING USE OF CARD FOR *STUDENT TRAVEL*

The district retail card will be used for the following student travel expenses:

Meals Gas Luggage Fees Other
 Breakfast _____
 Lunch _____
 Dinner _____

Additional Required Documentation to complete and include with this request:

- ✓ Approved E-Travel Request if required by District policy
- ✓ Completed PISD Advance Request Form-provides the detail of the requested travel expenses above

CAMPUS ADMINISTRATION TO COMPLETE (must be administrator) Date: ___ / ___ / ___

Name of Authorized Reviewer: _____ Ext. _____

Position: _____

Approved _____ Denied _____ Signature of Administrator: _____

Comments: _____

Date Create Retail Card Request Submitted in TEAMS: ___ / ___ / ___

TEAMS Retail Card Request ID Number: _____

Date Request Approved and Notified Retail Card Ready to Issue: ___ / ___ / ___

Expected Return Date of Retail Card: _____

Date of Receipt: _____ Actual Amount: \$ _____

Date Actual Amount Entered in TEAMS: _____