



JAMESTOWN PUBLIC SCHOOLS DISTRICT #1 PCARD PAYMENT REQUEST



Cardholder Name: _____

Position: _____

School/Dept: _____

Person Preparing Request: _____

Pcard Billing Date: _____

Submit to Jamestown Business Office by the 10th of each month.
Attach the required DETAIL and SIGNATURE receipts for each charge transaction.
Failure to do so may result in loss of card privileges.

Transactions listed below have been checked by Pcard holder and are ready for payment.

Cardholder Signature: _____

Date(s) Pcard Used	Vendor/Company	Description of Purchase	Amount	Budget / Account Code
			TOTAL: \$ -	

Building Administrator Approval : _____

Business Office Approval : _____