

Date Returned: \_\_\_\_\_

**SHERIDAN SCHOOL DISTRICT 48J**  
Authorization to Use District Credit Card

Sheridan School District personnel may check out a District credit card at the District Office.  
This form must be completed and signed prior to check out.  
By signing this form, you agree that the card will not be used for **personal use**.  
**Return all receipts when returning the card.**

Staff Member Checking Out Card: \_\_\_\_\_

Credit Card:     Adam         Jason         Dorie         Karen MC     Karen V

Date Card Needed: \_\_\_\_\_        Date Card Will Return: \_\_\_\_\_

Event/Meeting/Place Where Card Will Be Used: \_\_\_\_\_

Purchase Order Number: \_\_\_\_\_

\_\_\_\_\_  
Staff Member Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
District Approval

\_\_\_\_\_  
Date

**PLEASE RETURN CARD WHEN STATED ON CHECK OUT FORM OR CALL DISTRICT OFFICE TO  
EXTEND DATE OF RETURN.**