



**SECTION 1: TRANSACTION APPROVER INFORMATION**

<b>NAME</b>	<input type="text"/>	<b>TITLE</b>	<input type="text"/>
<b>EMPLOYEE ID</b>	<input type="text"/>	<b>SCHOOL/DEPT</b>	<input type="text"/>
<b>EMAIL</b>	<input type="text"/>	<b>WORK PHONE</b>	<input type="text"/>

**SECTION 2: CARDHOLDER INFORMATION**

<b>CARDHOLDER NAME</b>	<input type="text"/>	<b>CARDHOLDER TITLE</b>	<input type="text"/>
<b>EMPLOYEE ID</b>	<input type="text"/>	<b>EMAIL ADDRESS</b>	<input type="text"/>
<b>SCHOOL/DEPT</b>	<input type="text"/>	<b>COST CENTER</b>	<input type="text"/>
<b>WORK PHONE</b>	<input type="text"/>	<b>ALT PHONE</b>	<input type="text"/>

**SECTION 3: EXPLANATION FOR CHANGE**

**SECTION 4: ACKNOWLEDGMENTS**

By signing below:

- ✓ I certify that I have received and read the San Diego Unified School District's Procurement Card Program Policy Manual.
- ✓ I certify that I will review and approve all transactions for cardholders assigned to me within the designated timeframe and prior to the established deadlines and ensure all purchases made by the cardholder on behalf of the District are for use by the District.
- ✓ I certify that I will review all transactions to ensure no prohibited items have been purchased during the statement period. I will immediately report any prohibited transactions or fraudulent activity to the Assistant PCard Program Administrator.
- ✓ I certify that I will ensure all original, itemized receipts have been received from each cardholder assigned to me and will retain these receipts for a period of five fiscal years.
- ✓ I certify that I will notify the Assistant PCard Program Administrator of cardholders who are terminating employment, transferring to another department, or will be on an extended leave of absence.

**SECTION 5: TRANSACTION APPROVER SIGNATURE**

\_\_\_\_\_ **Transaction Approver Signature**

\_\_\_\_\_ **Date**