



Date: _____

Request for Authorization to Utilize the Nassau BOCES Credit Card

Requested by: _____

Phone: _____

Vendor Name: _____

Description of Items/Services to be purchased:

Cost: _____

Bid/State Contract/RFP/Quote: _____

Budget Code to Charge: _____

Executive Director Approval(Please print name & sign): _____

Purchasing Approval(Please print name & sign): _____

Credit Card Holder's Signature(Please print name & sign): _____

Order Processed by(Please print name & sign): _____