MAINE TOWNSHIP HS DISTRICT 207 1177 S. Dee Road Park Ridge, IL 60068 (847) 696-3600 Fax (847) 696-3254



Date:

P-Card Pre-Approval Form

	Required for purchase	es of \$500 and over			
P-card purchases of \$500 and over purchase. During reconciliation in t it applies; one form may be used for	he JP Morgan SmartData Sys				
Cardholder Name:	Date:				
School:					
Description of Item(s)	Reason for Purchase	Vendor Name	Expected \$ Amount	Account Number	
Department Chair Signature:			D	ate:	
Principal/Asst. Principal Signature:			Date:		

This form needs to be approved by District before purchase is made to make sure funds are available.

District Office: Acct #_____

Balance _____ Credit Limit _