

ONE CARD WAIVER REQUEST

SUBMIT ONE WAIVER PER EVENT



NEED BY DATE *(must be submitted 48 hours prior to increase request)*

VENDOR	PROCUREMENT METHOD

REV. AUG 2024

EXPLANATION FOR PURCHASE

PROCUREMENT CARD ACCOUNT & BUDGET INFORMATION

School/Department:

Last 6 Digits of Card Number:

Name on Card: Budget code:

Mobile Number: Current Available Budget:

Current Transaction Limit: Requested Transaction Limit:

ACCOUNT MANAGER AND CARDHOLDER AUTHORIZATION

By requesting this waiver, the undersigned Approver and the Cardholder certify their knowledge of, and intent to follow, all Hays CISD policies and procedures related to this waiver; as well as to provide all documentation required to make the purchase. Further, the undersigned acknowledges their understanding that purchase must be in accordance with all applicable funding source requirements, and that the Cardholder may be held personally liable for any expenditure that does not conform to applicable Federal, State, and/or district policies and procedures.

Card Holder's Signature, Print Name and Date

Buyer's Signature and Date

One Card Administrator's Signature and Date

MUST HAVE ALL 3 SIGNATURES TO BE APPROVED.