

RECEIPT FOR SMALL PURCHASE PROCUREMENT CARD

I, _____, a fulltime employee of the Mississippi

(Department)

(Agency Address)

(City, State and Zip Code)

do hereby acknowledge receipt of the below described credit card:

(name embossed on card)

(account number)

and further acknowledge training in the proper use and record keeping of the procurement credit card and have been made aware of the responsibilities and liabilities as specified by the Department of Finance and Administration, Office of Purchasing and Travel and the Commission and Staff's policies and procedures for the small purchase procurement credit card.

(Signature of Cardholder)

(Date)

(Signature of Approving Official)

(Date)

Original in State P&C File
Copy to Employee