

Ohio | School
for the Deaf



Ohio | State School
for the Blind



State Credit Card Approval Form

Vendor name: _____

Item(s) to be purchased:

Any clarifying explanation:

Expected Total Cost of Purchase: _____

Department/Program: _____

Fund paying for purchase: _____

Person Requesting Approval: _____

3 quotes should be attached with one being an MBE/EDGE and keep them for your records.

Approval

Administrator Signature

Date