



# HOME DEPOT ID CARD - Authorization for Payment

Note: Supporting receipts or packing slips with manager approval must be submitted to Accounts Payable within 3 business days of purchase. **[All fields are required.]**

Purchase Date: \_\_\_\_\_

Purchased By: \_\_\_\_\_

Department: \_\_\_\_\_

Phone: \_\_\_\_\_

Blanket P.O. #: \_\_\_\_\_

Last 5 Digits of Card #: \_\_\_\_\_

AMOUNT: \_\_\_\_\_

→ Indicate Store # or Online: \_\_\_\_\_

ATTACH ITEMIZED RECEIPT

Please Staple  
Original Receipts  
Here

Brief Description of Items / Project:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Management approval:

I have inspected all items purchased. All items have been verified on the attached receipts and are required for District purposes. All items have been received by the appropriate department. I authorize payment.

Manager Name: \_\_\_\_\_

Dept / Location: \_\_\_\_\_

Phone: \_\_\_\_\_

Manager Signature: \_\_\_\_\_

Date: \_\_\_\_\_