Reset

DOUGHERTY COUNTY SCHOOL SYSTEM

TRIP AUTHORIZATION FORM

NAME: _____ **LOCATION:** _____

This is to certify that the above named employee has been cleared to use a credit card for gas/diesel only.

TRIP DESTINATION: _____

PURPOSE OF TRIP: _____

DATE: _____ / _____
Depart *Return

SIGNED: _____ DATE: _____
Program Director

NOTE: Please turn in this completed form to the business office when picking up MasterCard.

* Upon completion of trip, please turn in all receipts, along with MasterCard.