

TOWN OF HOLLISTON
NON-VENDOR PURCHASING FORM

Item(s) to be purchased:

Vendor Name:

Approximate Amount of Purchase: \$ _____

Account Number to be Charged: _____

Department Head Signature: _____ Date: _____

Town Treasurer Signature: _____ Date: _____

Town Accountant Signature: _____ Date: _____

School Business Manager: _____ Date: _____

I acknowledge receipt that I have been presented with the Town of Holliston's debit card to purchase the above item(s) and I will keep this card in my possession at all times and not give this card to any other person(s). Illegal use of this card could result in termination of employment.

Debit card given to: _____ Employee Signature _____

Date: _____ Time: _____

Debit card returned on: _____ Time: _____

Receiving Employee Signature: _____

PRINT TWO COPIES

Please return the debit card and receipt for purchases to the Town Accountant immediately or to the Town Treasurer in the absence of the Town Accountant.