

UNIFORM AUTHORIZATION WORKSHEET

DATE

NAME (LAST, FIRST, MIDDLE INITIAL)

EMPLOYEE ID NUMBER

*SITE NUMBER

*SITE LOCATION

*POSITION

*REASON FOR ACTION

ADMINISTRATOR NAME

ADMINISTRATOR SIGNATURE

***Note: Email completed form to purchasing@yourcharlotteschools.net**

FOR USE BY PROCUREMENT SERVICES ONLY

LOCATION CODE:

JOB CODE:

COST CENTER: