

SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
PURCHASING CARD REQUEST FOR PURCHASE
 (This form is applicable to DDSN Regional Centers only)

Person's Name: _____ Date: _____

Residence: _____

REQUESTED ITEMS	VENDOR	EST. COST
Total		\$

_____/_____/_____
Requested By
 (Staff Representative)

_____/_____/_____
Program Administrator or
Residential Director
 (Only necessary if \$200 or more)

_____/_____/_____
Approved By
 Residential Manager or QID/DDP

_____/_____/_____
Facility Administrator
 (Only necessary if \$500 or more)