

**KCC Schools – onecard
Authorisation Form**

DfE Number: _____

School Name: _____

Proposed Cardholder	Single Transaction Limit	Monthly Card Limit

I authorise that the above named people are nominated Cardholders and confirm that, in line with Section 1 (Part 6) of the Financial Controls, they are also employed by the school and as such are deemed to be an employee of Kent County Council.

Signed: _____

Print name: _____

Designation (please circle): Headteacher / Chair of Governors
(Chair of Governors to sign if the Headteacher is the applicant)

Date: _____

Please email this form to schoolsfinancialservices@theeducationpeople.org