



**Approval to Pay by Invoice *Less than \$10,000.00 or to Correct Errors***

**(Must provide and attach an itemized receipt showing actual price paid)**

Complete and submit this form with the itemized receipt to [procurement@horrycountyschools.net](mailto:procurement@horrycountyschools.net)  
within five (5) working days of receipt of invoice.

<b>Supplier Name</b>		<b>Supplier ID Number</b>
<b>Account Code</b> <small>(Request cannot be processed without Account #)</small>	<b>School or Department Location</b>	<b>Invoice</b>
		<b>Number:</b>
		<b>Amount:</b>
<b>BOOKKEEPER CONTACT INFORMATION</b>		
<b>NAME</b>	<b>EMAIL</b>	<b>PHONE NUMBER</b>

<p><b>To be completed by the <b>Employee</b>:</b> Describe the facts and circumstances surrounding this procurement. State that the purchase was fair and reasonable as compared to other pricing.</p>
<b>CERTIFICATION</b>
I hereby certify that the above expenses were incurred by me in the performance of my duties as an employee of Horry County.
<p>_____</p> <p align="center">Employee Signature <span style="float: right;">_____</span> Date</p>

<p><b>To be completed by the <b>Principal or Department Head</b>:</b> Describe steps taken to prevent recurrence in the future:</p>
<b>CERTIFICATION &amp; APPROVAL OF PAYMENT:</b>
As the responsible Principal/ Department Head, I hereby certify that I am satisfied with the explanation, and I have discussed with the employee the steps to prevent recurrence.
<p>_____</p> <p align="center">Principal or Dept. Head Signature <span style="float: right;">_____</span> Date</p>

TO: ACCOUNTS PAYABLE – THE INVOICES HAS BEEN APPROVED FOR PAYMENT

\_\_\_\_\_ \_\_\_\_\_  
Procurement Officer Signature Date