

SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS

**PURCHASING CARD RECORD FOR GROUP ENTERTAINMENT PURCHASES
(RESTAURANT/MOVIE TICKETS)**

(This form is applicable to DDSN Regional Centers only)

PARTICIPATING PERSONS	AMOUNT TO DEBIT PERSONAL FUNDS
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$

Signature (*Purchaser*)

Date: _____

Signature (*Residential Manager or QIDP*)

Date: _____