

REQUEST FOR A PROCUREMENT CARD FOR THE FOLLOWING EMPLOYEE:		
Cardholder's Name/Title (Print/type name)		Date
Department (Print/type department)		
Telephone Number		Extension
Cardholder's Manager (Print/type name)		Date
Cardholder's Manager (Approval signature)		Date
Purpose		
TO BE COMPLETED BY DISTRICT PROGRAM ADMINISTRATOR ONLY		
Single Purchase Limit		
Monthly Purchase Limit		
Merchant Code		
_____ PROGRAM ADMINISTRATOR (APPROVAL SIGNATURE)		_____ DATE
_____ PROCUREMENT CARD NUMBER		
_____ PROCUREMENT CARD RECEIVED		_____ DATE