

CAL-CARD PROCUREMENT CARD APPLICATION

Name: _____
Last First M.I.

Work Address: _____
Street Address City State Zip Code

District Site: _____ Department: _____

Work Phone: (_____) _____ - _____

TO BE COMPLETED BY APPROVING OFFICIAL

Default GL Account: _____ Object Code: _____

Transaction Limit: \$ _____ Monthly Limit: \$ _____

I hereby certify that the information above is true and complete to the best of my knowledge. I understand that fraudulent use or use in violation of the District's Policies Guidelines will result in disciplinary actions, up to and including dismissal and criminal prosecution.

Signature of Applicant

Date

Signature of Approving Official

Date

DO NOT USE -For Internal Use by Purchasing & Contract Services Only

APPROVED

DISAPPROVED Reason: _____

Training Conducted on: _____

Approved by: _____ Date: _____