

REQUEST FOR/CHANGE TO/OR CANCELLATION OF A PURCHASING CARD

Date: _____

I request the following employee be issued/change to/canceled (circle one) a County Purchasing Card.

Full Name of Employee (Print): _____
(As it will appear on the card)

Employee Signature: _____ Employee ID # _____

Social Security (Last 4 digits) _____ Date of Birth _____

Security Identifier _____
(Suggestion of first 4 digits of mother's maiden name or 4 character alpha password)

Department Name (will appear under the employee's name on the card): _____

Department Mailing Address _____

Employee's: Work- Phone # 432/ _____, E-Mail Address: _____ @co.ector.tx.us

Employee's Home – Mailing Address & Zip _____ -Phone # _____ -E-Mail Address _____

Department Site Administrator _____
Printed Name _____ Signature _____

Transaction Limits: Single (Each Purchase) Limit (**Not to exceed**): \$ _____

Credit (Monthly Total Purchases) Limit (**Not to exceed**): \$ _____

Justification for use of card: _____

Restrictions (Other restrictions not in County Statutes or Policy): _____

REQUESTED BY: _____
Signature of Department Head/Elected Official _____ Date _____

APPROVED BY: _____
Signature of Purchasing Card Program Administrator _____ Date _____

CARD # _____ Date Issued _____ Initials _____

Training Date _____ Card Cancelled/Terminated by Court _____

Card Returned to PA _____ Card Cancelled by PA with Bank _____

All requested information is required. This form will be held in the strictest of confidence. If there are any questions please call the Program Administrator at 498-4020.

Copy to: Cardholder, Site Administrator, Department Head/Elected Official