



**PURCHASING CARD REQUEST FORM**

**Please Print Information**

Name of Employee (as shown on driver's license): \_\_\_\_\_

Last 4 digits of Social Security Number:

Cell Number: \_\_\_\_\_

Credit Limit: \$ \_\_\_\_\_ Department: \_\_\_\_\_

**This form must be signed by the parties indicated below and forwarded to the Director of Purchasing and Compliance for processing. ( Allow 1 to 2 weeks for processing)**

**Employee:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

**Supervisor:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

**Chief Financial Officer:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date