



Purchasing Card Request Form AP 515.1

Date of Request: Purchasing Card Number
For New Cards – Leave Blank

Cardholder Name
Given Name Init(Optional) Surname

Program or School Name
Date of Birth (dd/mm/yyyy)
School division email address

For New Cardholders:		Tentative Training Dates	
Monthly Transaction Limit \$	<input type="text"/>	Choice #1	<input type="text"/>
Default General Ledger Account Code	<input type="text"/>	Choice #2	<input type="text"/>
_____		_____	
Print Name of Program Supervisor		Signature of Program Supervisor	

Date Card Received	<input type="text"/>	_____
Date of Training Session	<input type="text"/>	
		Signature of Purchasing Card Coordinator

Please make the following change(s) to the cardholder's account:

Date Effective

Change the Status of the Cardholder's Account: Close Account Deactivate Card

Change Cardholder's Name to:

Change Monthly Transaction Limit To:

Other change as outlined below:

Print Name of Program Supervisor Signature of Program Supervisor

Date Change Submitted	<input type="text"/>	_____
Date Change Verified	<input type="text"/>	
		Signature of Purchasing Card Coordinator

