


Charleston > excellence is our standard
County SCHOOL DISTRICT
PURCHASING CARD APPLICATION

Action Requested: **New Card** ___ **Update Information** ___ **Cancel Card** ___

Cardholder Information: Date of Birth ___/___/___ Original Hire Date: _____ Former Cardholder: Yes No	
Name: (First, Middle Initial, Last-Legal Name Only) _____ Employee ID _____	
Name on Card: (Please Use Legal First and Last Name) _____ Title: _____	
School/Department Name: _____	School/Department Number (4 digit Cost Center): _____
School/Department Address: _____	School/Department City, State, Zip: _____
Email Address: _____	Phone Number: _____

Liaison Information **New Liaison:** Yes No

Name: (First, Middle Initial, Last) _____		Employee ID: _____
Email Address: _____	Office Phone: _____	Title: _____

Approving Official (manager) Information **New Approver:** Yes No

Name: (First, Middle Initial, Last) _____		Employee ID: _____
Email Address: _____	Office Phone: _____	Title: _____

Card Information

To be used for: _____ <input type="checkbox"/> Supplies Only _____ <input type="checkbox"/> Travel Only (air fare and/or lodging) _____ <input type="checkbox"/> Both (Supplies and Travel)		
Approved Monthly Spending Limit: _____ \$5,000 _____ \$7,500 _____ \$10,000 _____ \$20,000 _____ Other _____		
_____ Declining Balance Card – Amount to be Loaded on Card: _____		
Default Account Number: (Org/Object Code) _____		

Approved By:

Cardholder Signature: _____	Date: _____
Approving Official (manager) Signature: : I agree to read the CCSD Cardholder Manual, at the end of each billing cycle review, make sure original receipts are attached, approve the monthly statement and be accountable for the proper use of the card according to the requirements of the manual. I understand that failure to properly monitor the appropriate use of the card by this employee may subject me to disciplinary action up to and including termination. Signed: _____	Date: _____
Procurement Card Staff Signature: _____	Date Processed: _____