



P-Card Request Form

EMPLOYEE INFORMATION

Employee Name: _____ Title: _____

Department/Campus : _____ Supervisor Name: _____

REASON FOR REQUEST

Submitting a request does not guarantee approval. All requests are subject to review and approval based on business need, budget availability, and policy compliance.

ANTICIPATED USE (TYPES OF PURCHASES, VENDORS, ETC)

District Spending Limits

Please note the maximum purchasing card limits for each group:

- Elementary, Middle, and High Schools: \$3,000
- Chiefs: \$5,000
- Departments: \$5,000
- Executive Assistants: \$2,000

ACKNOWLEDGEMENT

By signing below, I acknowledge that I have read and understand the organization's Purchasing Card Policy and agree to comply with all guidelines. I understand that misuse of the purchasing card may result in disciplinary action.

Employee Signature: _____ Date: _____

Supervisor Approval: _____ Date: _____

FOR FINANCE USE ONLY

☐ Approved ☐ Denied

Credit Limit: _____ Name on Card: _____

PO Group: _____

Processed By: _____ Date: _____