LANSING SCHOOL DISTRICT

PURCHASING CARD REQUEST FORM

## Please check one: New Card\_\_\_\_\_\_\_\_ Work Location Change\_\_\_\_\_\_\_

## Close Account\_\_\_\_\_\_\_\_\_ (Reason\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

## Date:\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
|  |
| Full Name: |  |  |  |
| (As it Appears LastOn your Paycheck)  | First | M.I. |
| Address: |  |  |
| (Home Address Street AddressIs required)  |  |
|  |  |  |  |
|  City | State | ZIP Code |
| Home Phone: | ( ) | District Phone: | ( ) |
| E-mail Address: |  |
| (District) |
| ***Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_******Social Security Number (last 4 digits):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** |
| Job Information |
| Title |  | Employee ID: |  |
| Supervisor: |  | Department: |  |
| Work Location: |   |  Cell Phone  District: |  |
|  |
|  |

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

 **See Purchasing Procedures effective 3-1-13**

Default account number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please provide a default account number for processing of purchases with either no account number or account numbers that do not have adequate funds) **This must be provided.**

Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

**To be submitted to the Purchasing Department for processing.**