LANSING SCHOOL DISTRICT

PURCHASING CARD REQUEST FORM

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

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

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | | | | | | | | |
| Full Name: | |  | | | | | | | | |  | | |  | |
| (As it Appears Last  On your Paycheck) | | | | | | | | | | | First | | | M.I. | |
| Address: | |  | | | | | | | | | | | |  | |
| (Home Address Street Address  Is 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: | | | | |  | | | | |
|  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |

.

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.**