

**CEDAR RAPIDS COMMUNITY SCHOOL DISTRICT
PURCHASING CARD
EMPLOYEE REQUEST FORM**

Date: _____

Full Legal Name _____
(This is required by the Patriot Act and the United States Bank Secrecy Act)

Cardholder Name: _____
(please print employee name as it is to appear on the card)

Social Security last 4: _____ Birth Date: _____

Cardholder's Contact Ph #: _____
(District Work #)

District Email: _____

Building Name: _____

Department: _____
(Only need department if working at ELSC)

Monthly Transaction Limit: _____
(Somewhere between \$1,000-\$20,000)

Single Limit: _____
(Somewhere between \$500-\$5,000)

As the Purchasing Card Authorizer, I accept responsibility to oversee the purchasing activity of the Purchasing Cardholder(s) that I authorize. I understand that Purchasing Cards are to be used for District purchases only that expend public funds appropriately as defined in the Purchasing Card Program Manual. I understand that my signature below verifies that I have read and understand the terms of the Purchasing Card Program Manual.

Administrator/Supervisor Name: _____
(please print)

Administrator/Supervisor Signature

Return to: ELSC/Purchasing/Tracie Gutknecht

(To be filled in by Purchasing Card Program Administrator)

Purchasing Card Number: _____ - _____ - _____ - _____