## INDEPENDENT SCHOOL DISTRICT 196 Rosemount-Apple Valley-Eagan Public Schools Educating our students to reach their full potential

## PROCUREMENT CARD APPLICATION and CHANGE FORM

Each Procurement Card application or change requires approval from the Principal/Department Supervisor. The Procurement Card Program Administrator will review the application and/or change to ensure the applicant's intended usage meets district criteria and will issue a Procurement Card or change authorization when appropriate.

			,	T F - F							
Cardholder				E	mployee	·					
Name:					ID#:						
				D	istrict						
Site/Location:				E	-Mail						
				А	ddress:						
FOR <u>NEW CARD APPLICATION</u> USE ONLY:											
Monthly				One Time							
Dollar Limit:				Purchase							
				Limit:							
Default											
Accounting											
Code:											
Cardholder											
Signature:				Date:							
When applying for a new account, the Procedure Card Agreement form must be read, signed and dated by the											
Applicant and submitted to the Procedure Card Program Administrator before a card will be issued.											
.,											
FOR OUT NOT TO AN EVICTOR OF THE COURT											
FOR <u>CHANGE TO AN EXISTING CARD USE ONLY:</u>											
Cardholder's					Ch	nange Single					
Name Change:					Pu	ırchase Limit t	:o:				
_											
Change Monthly						eactivate card					
limit to:						nclude date of					
0 11 11 60	-					eactivation):					
Cardholder Site					0	ther:					
Change:											
Reason/Rationale	for	requested change:									
Temporary: dates to cover increase											
Permanent: Sper											
original applicati		3									
Principal/ Department Supervisor, I hereby grant this applicant authorization to apply for or change, and use, the Independent School District											
196 Procedure Card. I will review our site building limitations and Policy 704 Expenditures with the applicant. I agree to review and approve the											
monthly Procedure Card statements issues to this applicant. If the applicant's employment with the district is terminated, I agree to immediately											
return the Procedure card and notify the Procedure Card Program Administrator.											
Principal/Dept.											
Supervisor						Date:					
Signature:											
****** The following is to be completed by the District Finance Department*********											
Program			. ,	Agreeme			Card		$\neg$		
Administrator				Receive	l l		Ordered:				

Approval & Date: