

# PURCHASING CARD CHANGE FORM

**THIS FORM NEEDS TO BE FILLED OUT IN ITS ENTIRETY**

**PURCHASING CARD NUMBER:** xxxx - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

FIRST NAME: \_\_\_\_\_ MIDDLE INITIAL: \_\_\_\_\_

LAST NAME: \_\_\_\_\_

SCHOOL ADDRESS: \_\_\_\_\_

BUDGET NUMBER  
MOST OFTEN USED FOR SUPPLIES: \_\_\_\_\_

BUS PHONE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

CARDHOLDER  
SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

-----  
**MONTHLY LIMIT-** Total \$ cardholder can spend each cycle. *Cannot exceed \$2,000*  
**SINGLE LIMIT-** Maximum \$ for each individual purchase. *Cannot exceed \$1,000*

**SINGLE** \_\_\_\_\_ **MONTHLY** \_\_\_\_\_

**SUPERVISOR SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

-----  
USD PLAN ADMINISTRATOR  
DATE ENTERED: \_\_\_\_\_