

PURCHASING CARD NEW ACCOUNT SETUP

FIRST NAME: _____ MIDDLE INITIAL: _____

LAST NAME: _____

SOCIAL SECURITY: _____ DATE OF BIRTH: _____

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: _____