

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: _____