



***Internal Account Purchasing Card Application
Materials and Supplies Card***

of Cards Requested _____

Issue Internal Account Materials & Supplies Purchasing Card to: _____

Designated Cardholder: _____ Job Title: _____

Cardholder DOB _____ Has Cardholder Previously Attended a PCard Training Class? Yes No

Cost Center #: _____ Office Phone #: _____

Single Transaction Limit (not to exceed \$1,000) \$ _____

Monthly Transaction Limit (not to exceed \$8,000) \$ _____

ADDRESS FOR BILLING:

Attn: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

PRINCIPAL APPROVAL

Signature / Title

Date

Building the Future Together

"The Leon County School District does not discriminate against any person on the basis of race, color, ethnicity, national origin, religion, age, sex (including transgender, gender nonconforming, and gender identity), marital status, disability, pregnancy, sexual orientation, or genetic information."