



## PURCHASING CARD APPLICATION

Issue a LCSB Purchasing Card to \_\_\_\_\_

Title \_\_\_\_\_ Last 4 Digits of Social Security # 000-00 \_\_\_\_\_

Office Phone# \_\_\_\_\_ Mobile Phone# \_\_\_\_\_

Cost Center \_\_\_\_\_ Department \_\_\_\_\_

Single Transaction Limit (*not to exceed \$1,000.00*) \$ \_\_\_\_\_

Monthly Limit (*not to exceed \$8,000.00*) \$ \_\_\_\_\_

Address for Billing:

Cost Center Accountant Name: \_\_\_\_\_

Cost Center Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

**Principal/Cost Center Administrator Approval**

\_\_\_\_\_  
*Signature / Title*

\_\_\_\_\_  
*Date*

**To Be Used By Purchasing**

**Company Name as Appearing on Card:** Leon County School Board

**Billing Cycle Date:** Last day of each month

**Merchant Category Code Blocks:**

**Building the Future Together**

*"The Leon County School District does not discriminate against any person on the basis of gender, marital status, sexual orientation, race, religion, national origin, age, color or disability."*