



## PURCHASING CARD APPLICATION

Issue a LCSB Purchasing Card to \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

Office Phone# \_\_\_\_\_ Home Phone# \_\_\_\_\_

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

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

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 Co School Board

Sales Tax Exemption Number: 85-8013915957C-7

## 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."*