

**Weber School District
Purchasing Card Application and Change Form**

PURCHASING CARD NEW ACCOUNT INFORMATION RECORD

COMPLETE INFORMATION IS REQUIRED EXCEPT WHERE NOTED AS OPTIONAL

**CARDHOLDER INFORMATION
TO BE COMPLETED BY APPLICANT**

First Name	Middle Initial
Last Name	
Social Security Number	
Business Phone	Home Phone
Business Address	
City	State Zip
Email	

TYPE OF REQUEST

Check appropriate box:

- A. New Account
 Plastic No Plastic
- B. Address Change
- C. Dept/ Div/Acct Code Change
- D. Account Closure
- E. Name Change
- F. Credit Line Adjustment
- G. Single Transaction \$ Limit
- H. Other

**TO BE COMPLETED BY PURCHASING CARD
SUPERVISOR**

Default Account Number Org Key	Object Code
Single Transaction Limit \$	Monthly Limit \$
Variations from Standard Vendor Restrictions:	

AUTHORIZATION

Employee Signature
Date:
Approving Manager Signature
Date:
Plan Administrator Signature
Date:

TO BE COMPLETED BY PURCHASING DEPARTMENT

P-Card Administrator's Approval	Date
U.S. Bank Company # 1425	Bank Card #
Division – 5 characters (Numeric)	Department – 4 characters (Numeric)
Deactivation Date	By:
Date Returned	To: