FOOTHILL-DE ANZA COMMUNITY COLLEGE DISTRICT

APPLICATION FOR DISTRICT PROCUREMENT CARD

Initials and Date:	Office Use Only: Last 4 digits of card:
	Initials and Date:

Cardholder's Name:					
Cardholder's Name:	(As you want it to appear on	your card)			
Division/Department:					
Position:					
Immediate Supervisor:					
E-Mail Address:	Office Phone #:				
Employee CWID #:	Date of Birth:				
Banner IFOAP: <i>Index:</i> (6-d:	gits) Fund:(6-digits)	Orgn: (6-digits)	_Acct: 4900	<i>Prgm:</i> (6-digits)	
Important Note: Procurement car Office if you intend to charge your t			, 845, or 846. I	Please contact the Foundation	
PROCARD STANDARD	LIMITS:				
	\$2,0	000			
Standard	Limits will be set as follows:	lows: (i.e., \$2,00	0, \$4,000, \$6	5,000)	
If you require higher defau Supervisor initial next to th the appropriate Vice Presid	e request. A Credit Lim	iit above <mark>\$10,000</mark>			
Note: Authorizing Supervisors hav	e authority to approve an increa	ase to the standard lin	iit of up to \$6,0	000 per month.	
	Monthly Credit Limit:	Supervisor's Initials:			
	\$				
			Ext	ension:	
Printed Name	e of Authorizing Superv	isor			
Signature:			D	ate:	
		Authori	zing Super	visor	

Please return this form to District Business Services at procard@fhda.edu Questions? Contact Trena O'Connor at (650) 949-6202.