

Action Requested

New Card Replacement

Credit Limit

\$1,000 \$5,000 Other: Amount: \$_____

Rationale for Other Amount:

Personal Information

Name: _____

Work Phone: _____ Cell/Home Phone: _____

Work Email: _____

Work Suite Number (card will be sent to 1000 E. Victoria St., specified suite, Carson, CA 90747):

Supervisor Name: _____

Supervisor Email: _____

Foundation Account Number: _____

I have read, understand, and agree to the Purchasing Card Policy. I understand that possessing and using a Purchasing Card is a **privilege** and never a **right**. Failure to use my card at all times in accordance with the Foundation's policies and procedures may result in lost card privileges, disciplinary action or both.

Cardholder Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Foundation CFO Signature: _____ Date: _____

The cardholder has the option to assign a delegate to receive P-card transaction emails and submit on their behalf (example: a director may request their assistant to be a delegate).

Delegate Name: _____

Delegate Email: _____

ACCOUNTING USE ONLY

P-card Training Date _____ USERID _____

SUPVSR _____ DELEGATE _____