Los Angeles Community College District
Request for Purchasing Card

Date:_____

Print Applicant's Full Name: _____

Sample Signature: _____

Applicant Title: _____

Department/Office Name _____

Department/Office Mailing Address _____

_____

Department Phone Number _____

Single-Purchase Limit: _____
Generally not to exceed $2,500 per transaction

30-Day Purchase Limit: _____
Generally not to exceed $10,000 per month

Default Master Account Code

Check below the types of purchases requested to be made with this card:

_____	Office Supplies	_____	Printing/Duplicating
_____	Computer Supplies	_____	Equipment
_____	Hardware	_____	Sporting Goods

Other Specify:_____

Approving Official Name/Title_____

_____	_____	_____
Supervisor Name	VP Admin Name	President/Chancellor Name
_____	_____	_____
Supervisor Signature Date	VP Admin Signature Date	President/Chancellor Signature Date

District Office Signature:_____
Director, Business Services / Senior Vice Chancellor / Chancellor Date