



**CHEBOYGAN-OTSEGO-PRESQUE ISLE ESD**  
**Purchasing Card Request Form**

- NEW
- CHANGE (Only complete fields to be changed or necessary)
- DELETE/CLOSE

Cardholder Name on Card \_\_\_\_\_ Social Security # \_\_\_\_\_  
 (24 characters)

Home Address: \_\_\_\_\_ Country of Citizenship \_\_\_\_\_

Work Phone \_\_\_\_\_ E-mail Address \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 ( \_\_\_ ) - \_\_\_ - \_\_\_\_\_

**CARD LIMITS:**

|                                     |                                    |  |
|-------------------------------------|------------------------------------|--|
| \$ _____<br>Maximum Dollars Per Day | \$ _____<br>Requested Credit Limit | _____<br>Single Purchase Limit<br>May Not Exceed |
| _____<br>Transactions Per Day       | _____<br>Transactions Per Month    | [ ] Declining Credit Limit                       |
|                                     |                                    | _____<br>Expiration Date on<br>Declining Credit  |

Please check the box or boxes that you would like the card approved for:

- |  |  |
|--|--|
| <input type="checkbox"/> Office Supplies                 | <input type="checkbox"/> Travel Costs – Hotels         |
| <input type="checkbox"/> Instructional Supplies          | <input type="checkbox"/> Travel Costs – Airfare        |
| <input type="checkbox"/> Repair and Maintenance Supplies | <input type="checkbox"/> Travel Costs – Vehicle Rental |
| <input type="checkbox"/> Technology Supplies             | <input type="checkbox"/> Travel Costs – Fuel           |
| <input type="checkbox"/> Computer Hardware & Software    | <input type="checkbox"/> Food – Restaurants            |
| <input type="checkbox"/> Furniture (Office/Classroom)    | Other: _____   |
| <input type="checkbox"/> Equipment Rental                | <input type="checkbox"/> _____                         |
| <input type="checkbox"/> Freight & Overnight Couriers    | <input type="checkbox"/> _____                         |
| <input type="checkbox"/> Food – Grocery/Vending/Catering | <input type="checkbox"/> _____                         |
| <input type="checkbox"/> Conference Registrations        |  |

Requested By: \_\_\_\_\_ Date \_\_\_\_\_  
 Signature

Approved By: \_\_\_\_\_ Date \_\_\_\_\_  
 Supervisor's Signature

BUSINESS OFFICE ONLY:

|                    |                               |
|--------------------|-------------------------------|
| Credit Card Number | _____ - _____ - _____ - _____ |
| Date Issued        | _____ / _____ / _____         |

