

Walla Walla School District Procurement Card Application

*Please return completed and signed form to the Business Office Procurement Card Administrator
along with a Procurement Card User Agreement*

1) Application for Individual Procurement Card

Card Custodian Name
(to be printed on front of card): _____ Date of Birth: _____

Building/Department Name: _____ Default Budget Code: _____

Card Supervisor Name: _____ Credit Limit: _____

2) Application for Building/Department Procurement Card

Building/Department Name
(to be printed on front of card): _____ Default Budget Code: _____

Number of Cards: _____ Credit Limit: _____

Card Custodian Name: _____

Card Supervisor Name: _____

Acknowledgement that the Card Supervisor and the Card Custodian have read the Walla Walla School District Procurement Card Guidelines and comply with all the procedures and policies contained in the Guidelines and any revisions and updates made to it.

Card Custodian Signature: _____ Date Signed: _____

Card Supervisor Signature: _____ Date Signed: _____

*Please return completed and signed form to the Business Office Procurement Card Administrator
along with a Procurement Card User Agreement*

For Business Office Use
Authorized Signature: _____