



CAL-Card FORM

(Appendix A)

FAX approved form to Fiscal
(951) 351-2135

Effective Date: _____

New Cardholder
 Change in Cardholder Information
 Cancel Card

*Indicates required Information

NEW Cardholder Information (to be completed by requesting department)		
*Cardholder Name: (First, Initial, Last)	*Title:	
*Department:	Street Address & City:	Zip Code:
*Telephone #		
*Single Purchase Limit: \$	*30 Day Purchase Limit: \$	
*Approving Official Name:		
Comments:		

CHANGE Cardholder Information (to be completed by requesting department)		
*Cardholder Name: (First, Initial, Last)	*Title:	
*Department:	Street Address & City:	Zip Code:
*Telephone #		
*Single Purchase Limit: \$	*30 Day Purchase Limit: \$	
<input type="checkbox"/> Permanent <input type="checkbox"/> One Billing Cycle <input type="checkbox"/> Return to original limit after _____ <div style="text-align: right; font-size: small;">(Date)</div>	<input type="checkbox"/> Permanent <input type="checkbox"/> One Billing Cycle <input type="checkbox"/> Return to original limit after _____ <div style="text-align: right; font-size: small;">(Date)</div>	
*Approving Official Name:		
Comments:		

Approving Official Signature: *(Address/Approving Official Changes or Card Cancellations ONLY:)* _____

Director, Fiscal Services Signature: *(New Cards, and Purchase Limit Changes:)* _____

***Assistant Superintendent Signature:** _____

*Assistant Superintendent, Business Services signature is required for all new card requests and/or purchase limit changes.

To Be Completed by Controller Only:	
Cardholder #:	Date:
AO#:	New AO#: