

Mt. Diablo Unified School District Cal Card Procurement Card Program

Request for Card

All information below is required.

Date: _____

Cardholder Information:

Cardholder: _____
(First Name, Middle Initial, Last Name) – maximum of 21 characters embossed on card

School/Site: _____

Address: _____

City: _____ State, CA Zip + 4 _____

E-Mail Address _____ Phone/Ext. _____
(If you don't have an e-mail address, write "None")

Approving Official Information:

Printed Name: _____

School/Site/Department: _____

Phone Number/Ext. _____ E-Mail Address: _____

Single Purchase Limit: \$ 500.00 (in increments of \$50 up to \$25,000)

30-Day Limit: \$ 2,500.00 (in increments of \$100 up to \$999,900)

Signature of Approving Official: _____
By signing, you are authorizing Cardholder above to have a card.

This form can be faxed to (925) 687-5044 or can be sent via pony to the Purchasing Department.

Questions? Please call Laura Warner at ext. 3741 or email me at: warnerl@mdusd.org