

New request

Change request*

COUNTY OF VENTURA PROCUREMENT CARD REQUEST

Complete this form to authorize an employee to be a cardholder and designate approving and accounting officials. The approving official must have knowledge of the job responsibilities of his/her designated cardholder and should be the cardholder's supervisor or a higher level official. An employee may not be an approving official for his/her supervisor. The approving official can have authority over any number of cardholders.

Use only the number of spaces provided and exclude any punctuation.

CARDHOLDER NAME _____
(first name, middle initial, last name)

DEPT/AGENCY/OFFICE NAME _____

ADDRESS _____

BROWN MAIL LOCATION NO _____

CITY _____ STATE _____ ZIP _____ - _____

TELEPHONE NUMBER _____ - _____ - _____

30-DAY SPENDING LIMIT \$ _____ (\$50 increments only: not to exceed \$5,000)

SINGLE PURCHASE SPENDING LIMIT \$ _____ (\$100 increments only: not to exceed \$1,000)

APPROVER'S NAME _____
(Supervisor or Higher) (first name, middle initial, last name)

ADDRESS _____

BROWN MAIL LOCATION NO _____

CITY _____ STATE _____ ZIP _____ - _____

TELEPHONE NUMBER _____ - _____ - _____

**For changes fill in only cardholder name and items that are being changed/updated and obtain authorized signature.*

BILLING OFFICIAL NAME _____
(first name, middle initial, last name)

ADDRESS _____

BROWN MAIL LOCATION NO _____

CITY _____ STATE _____ ZIP _____ - _____

TELEPHONE NUMBER _____ - _____ - _____

Please provide the accounting distribution listed below:

ORG # _____ ACTIVITY # _____ FUNCTION # _____ PROJECT# _____

CATEGORY # _____

I am the Agency/Department head and hereby authorize the above employees to perform the duties listed.

NAME

DEPT/AGENCY

SIGNATURE

DATE

TITLE