DISTRICT P-CARD APPLICATION / UPDATE FORM P CARD UNIT ONLY: REC'D HIER 2-IMPORTANT - PLEASE READ: COMPLETE _ HIER 3- ____ ALL SECTIONS OF THIS FORM MUST BE COMPLETED (EXCEPT CANCELLATION OF A CARD) HIER 4- ____ CARDHOLDER AND APPROVING OFFICIAL **MAY NOT** BE THE SAME PERSON. HIER 5-APPROVING OFFICIAL <u>MUST</u> BE IN SENIOR POSITION TO CARDHOLDER. MAILED__ HIER 6-____ SITE ADMINISTRATOR AND APPROVING OFFICIAL MAY BE THE SAME PERSON. CARDHOLDER AND SITE ADMINISTRATOR MAY BE THE SAME PERSON. INCOMPLETE FORMS OR MISSING DOCUMENTS WILL RESULT IN DELAYS IN PROCESSING YOUR APPLICATION CHECK THE BOX TO INDICATE THE PURPOSE OF THIS FORM: SET UP A NEW ACCOUNT: (CHECK ALL THAT APPLY BELOW) CHANGE APPROVER / APPROVER LEAVING LOCATION (CARD WILL BE SUSPENDED UNTIL NEW APPROVER APPOINTED) P-CARD: \$1500 \$3000 CHANGE DEFAULT FUNDING LINE / ADD FUNDING LINES (CIRCLE ONE. ENTER FUNDING LINE INFORMATION IN PART II) TRAVEL (MUST BE A P-CARD HOLDER) CANCEL CARD (CARDHOLDER LEAVING LOCATION/ON LEAVE) RECRUITER (HR RECRUITERS ONLY) (COMPLETE PART I. NO SIGNATURE REQUIRED) OTHER: FUEL (USE FOR DISTRICT VEHICLES ONLY) BUYER (M&O ONLY) (PLEASE SPECIFY) I. P-CARD ISSUED TO: NAME ______ TITLE _____ EMPLOYEE NUMBER _____ (LAUSD E-MAIL ADDRESS REQUIRED) E-MAIL ADDRESS LOCATION CODE SCHOOL OR OFFICE NAME EDUCATIONAL SERVICE CENTER _____CITY ZIP Address _____ TELEPHONE ______ FAX __ SIGNATURE DATE II. SITE ADMINISTRATOR: _____ TITLE _____ EMPLOYEE NUMBER _____ Name ____ (LAUSD E-MAIL ADDRESS REQUIRED) E-Mail Address DEFAULT FUNDING LINE SAP Format- G/L Acct Fund Func. Area Cost Center I CERTIFY THAT THE NAMED CARDHOLDER IS AN LAUSD EMPLOYEE AND THAT THE APPLICATION DOCUMENTS ARE COMPLETE AND CORRECT: SIGNATURE DATE III. APPROVING OFFICIAL: NAME ______ TITLE _____ EMPLOYEE NUMBER _____ E-MAIL ADDRESS ______ (LAUSD E-MAIL ADDRESS REQUIRED) CITY ______ ZIP Office Address TELEPHONE ______ FAX _____ DATE SIGNATURE RETURN THIS FORM TO THE P-CARD UNIT: FAX 562-654-9048 FOR ASSISTANCE CALL THE PROCUREMENT SERVICES GROUP CUSTOMER SERVICE AT 562-654-9009



Los Angeles Unified School District Procurement Services Group Procurement Card Program

P-CARD HOLDER AGREEMENT

By signing below, I agree that:	
-	line Training program, and fully understand all P-Card policies and procedures.
 Spending limits on my card are a 	as follows: \$ per transaction \$ per month
* Locations may choose either:	One card only with spending limits of \$3,000 per transaction / \$20,000 per month
	Two cards with spending limits of \$1,500 per transaction / \$10,000 per month each
• I will use the card only for autho	rized items and purchase only from authorized merchants.
I will use the card for official Dis	strict business only and for no personal transactions.
 I will keep the card secure at all or fraudulent use of the card. 	Il times, and immediately notify Citibank, the Approving Official, and the P-Card Unit of loss, theft,
 prohibited items/mercl 	
- personal use	 - loan of the card to any other person for any reason edures as described in the Procurement Manual, and reconcile all transactions for the billing cycle by
the 18th of the following month ar	nd monitor available fund line balances <u>regardless of access to the online reconciliation system</u> .
One funds may be used only for	gram funding lines only for appropriate purchases, as defined in the Federal Guidelines (e.g., Title purchases related to literature and math), and provide a detailed description of items purchased if Specially Funded Program purchases.
• I will maintain monthly card sta	tements on file for a minimum of seven years, with original receipts attached.
I understand and agree that I mu -transfer to another loca -cancellation of card pri	······································
•	es and procedures enumerated in the <i>Procurement Manual</i> .
I understand that unauthorized u	se or misuse of the card may result in disciplinary action under applicable District procedures.
Cardholder Name: (print) Signature:	Location: Educational Service Center: Employee # Date:
	APPROVING OFFICIAL AGREEMENT
By signing below, I agree that:	
I have completed the P-Card On	APPROVING OFFICIAL AGREEMENT line Training program, and fully understand all P-Card policies and procedures. Cardholders for whom I am responsible bi-weekly, and approve or otherwise follow up on all
 I have completed the P-Card On I will review the accounts of all transactions by the 21st of each 	APPROVING OFFICIAL AGREEMENT line Training program, and fully understand all P-Card policies and procedures. Cardholders for whom I am responsible bi-weekly, and approve or otherwise follow up on all
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