

DISTRICT P-CARD APPLICATION / UPDATE FORM

P CARD UNIT ONLY:

REC'D _____ HIER 2- _____
COMPLETE _____ HIER 3- _____
BANK _____ HIER 4- _____
PC _____ HIER 5- _____
MAILED _____ HIER 6- _____

IMPORTANT – PLEASE READ:

- **ALL SECTIONS** OF THIS FORM MUST BE COMPLETED (EXCEPT CANCELLATION OF A CARD)
- CARDHOLDER AND APPROVING OFFICIAL **MAY NOT** BE THE SAME PERSON.
- APPROVING OFFICIAL **MUST** BE IN SENIOR POSITION TO CARDHOLDER.
- 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)
- P-CARD: \$1500 \$3000
- TRAVEL (MUST BE A P-CARD HOLDER)
- RECRUITER (HR RECRUITERS ONLY)
- FUEL (USE FOR DISTRICT VEHICLES ONLY)
- BUYER (M&O ONLY)
- CHANGE APPROVER / APPROVER LEAVING LOCATION
(CARD WILL BE SUSPENDED UNTIL NEW APPROVER APPOINTED)
- CHANGE DEFAULT FUNDING LINE / ADD FUNDING LINES
(CIRCLE ONE. ENTER FUNDING LINE INFORMATION IN PART II)
- CANCEL CARD (CARDHOLDER LEAVING LOCATION/ON LEAVE)
(COMPLETE PART I. NO SIGNATURE REQUIRED)
- OTHER: _____
(PLEASE SPECIFY)

I. P-CARD ISSUED TO:

NAME _____ TITLE _____ EMPLOYEE NUMBER _____
E-MAIL ADDRESS _____ (LAUSD E-MAIL ADDRESS REQUIRED)
LOCATION CODE _____ SCHOOL OR OFFICE NAME _____ EDUCATIONAL SERVICE CENTER _____
ADDRESS _____ CITY _____ ZIP _____
TELEPHONE _____ FAX _____
SIGNATURE _____ **DATE** _____

II. SITE ADMINISTRATOR:

NAME _____ TITLE _____ EMPLOYEE NUMBER _____
E-MAIL ADDRESS _____ (LAUSD E-MAIL ADDRESS REQUIRED)

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)
OFFICE ADDRESS _____ CITY _____ ZIP _____
TELEPHONE _____ FAX _____

SIGNATURE _____ **DATE** _____

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

