

City of San Rafael
Purchasing Card Program
U. S. Bank

CARD REQUEST/CANCELLATION/INCREASE

Check desired action	
<input type="checkbox"/> NEW CARD REQUEST	<input type="checkbox"/> CARD CANCELLATION <i>Return cancelled card to Finance</i>
<input type="checkbox"/> INCREASE	<input type="checkbox"/> TEMPORARY INCREASE
Effective Dates: _____	

CARDHOLDER:

Cardholder Name:

Department Name:

Job Title:

LIMITS: *Subject to Finance Department's Approval.*

Single Purchase Limit \$

30 Day Purchase Limit \$

AUTHORIZATION (Managing Account Official):

Print Name

Authorized Signature _____

Date _____

Submit to: *Finance Department, Attn: Accounts Payable*

<i>Finance Department's Use Only</i>	
Approved by _____ Nadine Hade, Program Administrator	Date _____
Executed by _____	Date _____
Date Cancelled _____	Reason _____
(Form Revised 3.08.18)	