

PURCHASING CARD APPLICATION

Issue a LCSB Purchasing Card to _____

Title _____ Last 4 Digits of Social Security # 000-00 _____

Office Phone# _____ Mobile Phone# _____

Cost Center _____ Department _____

Single Transaction Limit (*not to exceed \$1,000.00*) \$ _____

Monthly Limit (*not to exceed \$8,000.00*) \$ _____

Address for Billing:

Cost Center Accountant Name: _____

Cost Center Address: _____

City, State, Zip _____

Principal/Cost Center Administrator Approval

Signature / Title

Date

To Be Used By Purchasing

Company Name as Appearing on Card: Leon County School Board

Billing Cycle Date: Last day of each month

Merchant Category Code Blocks:

Building the Future Together

"The Leon County School District does not discriminate against any person on the basis of gender, marital status, sexual orientation, race, religion, national origin, age, color or disability."