Norman Public Schools
Purchase Card Request Form

Requesting: ○ **New Card** ○ **Existing Card Changes** ○ **Cancel Card** ○ **MCC Changes** ○ **Misc. Changes**

Cardholder Information – fill in the areas below.

Last Name **First Name** **Middle Initial**

Home Address **City** **State/Zip Code**

Date of Birth

Work Phone Number **Home/Cell Phone Number**

Email Address

Site/Department **Director/Coordinator** **Cabinet Member**

Supervisor/Departmental/Approval Requesting Card

Reason for Request

Spending Limit Requested

I understand this card may only be used for authorized NPS purchases. It is not intended for, nor may it be used for personal purchases. The card may not be transferred to, assigned to, or used by anyone other than myself. I am responsible for ensuring that the purchases made with this card follow the guidelines outlined in the Purchase Card Manual. I agree to attend Purchase Card training and signing a Purchase Card agreement before receiving my new card.

_____ _____
Cardholder Signature **Purchase Card Administrator**

_____ _____
Printed Name of Cardholder **Cardholder's Principal/Director**

I certify that I will verify, review and approved that the transactions made by the Cardholder above follow the guidelines set forth in the Purchase Card manual on no less than a monthly basis.

_____ _____
Printed Name of Cardholder's Principal/Director **Signature of Cardholder's Principal/Director**

_____ _____
Cabinet Member of Cardholder **Signature of Cardholder's Cabinet Member**

Office Use Only

Date Card Ordered: _____
Date Card Issued: _____
Card Number: _____
Card Holder Initials: _____
Purchasing Initials: _____

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