

**FOOTHILL-DE ANZA COMMUNITY COLLEGE DISTRICT**  
**APPLICATION FOR DISTRICT PROCUREMENT CARD**

Office Use Only:

Last 4 digits of card:

Initials and Date:

Cardholder's Name: \_\_\_\_\_  
(As you want it to appear on your card)

Division/Department: \_\_\_\_\_

Position: \_\_\_\_\_ F/T \_\_\_\_\_ P/T \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Office Phone #: \_\_\_\_\_

Employee ID #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Banner FOAP: Fund: \_\_\_\_\_ Orgn: \_\_\_\_\_ Acct: 4900 Prgm: \_\_\_\_\_  
(6-digits) (6-digits) (6-digits)

**Important Note:** Procurement cards do not use Foundation FOAPs that start with 844, 845, or 846. Please contact the Foundation Office if you intend to charge your transactions to your Foundation FOAP.

**PROCARD STANDARD LIMITS:**

\$1,000 single purchase/\$2,000 monthly/5 transactions per day/20 transactions per month

If you require higher default limits, please **specify on the line below** and have the Authorizing Supervisor initial next to the request.

**Note:** Authorizing Supervisors have authority to approve an increase to the standard limit of up to \$5,000 per month.

Single Purchase Limit:	Monthly Credit Limit:	Daily Transactions:	Monthly Transactions:	Supervisor's Initials:
\$	\$			

\_\_\_\_\_  
Printed Name of Authorizing Supervisor Extension: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Authorizing Supervisor

Please return this form to District Business Services. Questions? Contact 650-949-6202.

Updated 4/2013