

**PROCUREMENT CARD REQUEST (PCR)**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Employee ID #: \_\_\_\_\_

Purpose for Card:

Expected Charge Amount:

\_\_\_\_\_

Account Number to Charge:

\_\_\_\_\_

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Employee Signature

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Director or Assist. Supt. Approval

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Procurement Dept. Authorization:

Card # assigned: \_\_\_\_\_

Authorization granted: \_\_\_\_\_  
Date

Procurement Dept. Staff

PCR