



**Los Angeles Community College District
Approving Official Request**

Date: _____

Print Approving Official's Full Name _____

Department/Office Name _____

Department/Office Mailing Address _____

Department Phone Number _____

Office Limit \$ _____

Sufficient to include the 30-Day Purchase Limits of
all assigned Cardholders

President/Chancellor Name _____

President/Chancellor Signature _____

Date