Los Angeles Community College District
Request to Change or Cancel Purchasing Card Account

Name:_____ Purchasing Card Number: 4055-0188-_____

Date:_____

Please check type of CAL-Card to be changed. Check both if applicable.

Changes below apply to my Purchase____and/or Travel_____Cards

FILL IN ONLY THE INFORMATION BELOW THAT IS TO BE CHANGED.

Cardholder Title: _____

Approving Official: _____

Department/Office Mailing Address/ _____

_____

_____

_____

Phone No. _____

Single Purchase Limit _____

Generally not to exceed $2,500 per transaction

30-Day Purchase Limit _____

Generally not to exceed $10,000 per month

Other: _____

Other: _____

Cancel Card (cut card in half and submit with this form)

Transfer:_____

Separation:_____

Other:_____

Additional types of purchases requested to be made with Purchasing Card:_____

Additional types of purchases requested to be made with this Travel card:_____

_____

Cardholder Signature *Date*

Approving Official Name_____

_____	_____	_____
Supervisor Name	VP Admin Name	President/Chancellor Name
_____	_____	_____
Supervisor Signature Date	*VP Admin Signature* Date	*President/Chancellor Signature* Date

District Office Signature:_____

Director, Business Services/Senior Vice Chancellor/Chancellor Date