



New Request ☐

Change Request ☐

County of Ventura Procurement Card Request

Complete this form to authorize an employee to be a cardholder and designate approving and accounting officials. The approving official must have knowledge of the job responsibilities of his/her designated cardholder and should be the cardholder's supervisor or a higher-level official. An employee may not be an approving official for his/her supervisor. The approving official can have authority over any number of cardholders.

****For changes fill in only cardholder name and items that are being changed/updated and obtain authorized signature.***

Card Holder Name: _____

(**Legal** First Name, Middle Name, Last Name)

Use only the number of spaces provided and **EXCLUDE** any punctuation.

****Please note: Middle name is required for Cardholders****

Dept/Agency/Office Name: _____ Email: _____ (required)

Address: _____ Brown Mail Number: _____

Brown Mail Location Number: _____

City: _____ State: _____ Zip Code: _____ - _____

Telephone Number: _____ - _____ - _____

30 Day Spending Limit: \$_____ (\$50 increments only: not to exceed \$5,000)

Single Purchase Limit: \$_____ (\$100 increments only: not to exceed \$1,000)

APPROVER

Approvers Name: _____ Title: _____
(First and Last name) (Supervisor or Higher)

Address: _____ Brown Mail Number: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ - _____ - _____



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BILLING INFORMATION

Billing Official Name: _____ Title: _____
(First and Last name)

Address: _____ Brown Mail Number: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ - _____ - _____

Please provide the accounting distribution listed below:

Org #: _____ Activity: _____ Function: _____

Project: _____ Category: _____

I am the Agency/Department head and I hereby authorize the above employee to perform the duties listed.

Name: _____ Dept/Agency _____

Signature: _____ Date: _____

Title: _____