

## 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)

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### APPROVER

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

Address: \_\_\_\_\_ Brown Mail Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_



New Request

Change Request

## 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: \_\_\_\_\_