Appendix A

District School Board Ontario North East

DISTRICT SCHOOL BOARD ONTARIO NORTH EAST

PURCHASING CARD - REQUEST FORM

Cardholder Information

First Name	Last Name	Birth Date (MMM/DD/YY)
School / Department		Employee Number
School / Department Street Address		School
City, Province		Postal Code
Applicant's Signature	Email Address	
Monthly Credit Limit ($)	Transaction Limit ($)	
Purpose for Card		
Default GL Account Name	Default GL Account Number	Cost Centre

Supervisor Approval

Date	Supervisor's Name
Telephone	Supervisor's Signature

Purchasing Card Coordinator Use Only

Date Received in Accounting	Purchasing Coordinator's Approval	
Date Card Ordered	Ordered By	
Date Card Received	Date Card Released	Card Released To