



HOWARD COUNTY PUBLIC SCHOOLS
PURCHASING DEPARTMENT

10910 Clarksville Pike
Ellicott City, MD 21042
(410) 313-6644

REQUEST FOR PURCHASING CARD (PCARD)

New Application
Changes/Updates
Circle one

Request Date: _____

Cardholder Information*

First Name: _____

Date of Birth**: (mm/dd/year) _____

Middle Name/Initial: _____

Last Name: _____

School/Office/Department: _____

Street Address: _____

City, Zip: _____

Phone #: _____

Employee ID: E-_____

Workday Account Information

Cost Center: _____

Program: _____

Fund: _____

State Category: _____

Location: _____

Grant (if applicable): _____

Spend Category: _____

Card Restrictions

Monthly Limit: _____

Single Limit: _____

Grant Restrictions

Grant End/Cutoff Date (if applicable): _____

Card Limit: _____

Single Limit: _____

Performance Manager: _____

Submitted and Approved by: _____
(Principal, Performance Manager Signature) (Date)

LEGAL NAME:**

First

Middle Name

Last

*Note: This information will be printed on the pcard.

Note: To comply with United States Secrecy Act and USA Patriot Act, as well as with Canada's Process of Crime (money laundering), and Terrorist Financing Act and Criminal Code in the fight against the funding of terrorism and money laundering activities, US Bank is requiring HCPSS to provide them with your **FULL LEGAL NAME (first, middle, last) and your **DATE OF BIRTH** (month/day/year).

Contact the Purchasing Office if you have questions.

Return this form with the original signature(s) to: Eileen Arnold, Purchasing Office, ext. 6725.