



HOWARD COUNTY PUBLIC SCHOOLS  
PURCHASING DEPARTMENT

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

**GRANT CARD (GCARD) REQUEST**

**Request Date:** \_\_\_\_\_

**New Application      Changes/Updates**

**Circle one**

***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- \_\_\_\_\_

**LEGAL NAME (Print)\*\*:**

\_\_\_\_\_

**First**

\_\_\_\_\_

**Middle Name**

\_\_\_\_\_

**Last**

***Workday Account Information***

Grant Title: \_\_\_\_\_

Grant No.: \_\_\_\_\_

***Card Restrictions***

Grant End/Cutoff Date (if applicable): \_\_\_\_\_

Card Limit \_\_\_\_\_

Single Transaction Limit: \_\_\_\_\_

Grant Manager (Print): \_\_\_\_\_

Submitted and Approved by: \_\_\_\_\_

(Grant Manger Signature)

(Date)

\*Note: This information will be printed on the GCard.

\*\*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: Grants Office, Accounting Team, at:  
Jennifer\_Thompson@hcpss.org. For questions, call (410) 313-6712.**