

**Ector County Purchasing Card  
Request for/Change to/or Cancellation**

**Employee Information:**

Full Name of Employee (print): \_\_\_\_\_ Date: \_\_\_\_\_  
(as it will appear on the card)

Social Security: XXX-XX-\_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Employee ID #: \_\_\_\_\_

Address: \_\_\_\_\_ Phone (personal): \_\_\_\_\_  
\_\_\_\_\_ Email (personal): \_\_\_\_\_

Employee Signature: \_\_\_\_\_

**Employee Department Information:**

Department (will appear under the employee's name on card): \_\_\_\_\_

Address: \_\_\_\_\_ Phone (department line/direct line): \_\_\_\_\_  
\_\_\_\_\_

Department Site Administrator: \_\_\_\_\_  
(Printed Name) \_\_\_\_\_ (Signature) \_\_\_\_\_

**Reason for Request:**

- Issue of New Purchasing Card
- Change in Job Duties
- Cancellation of Purchasing Card
- Temporary Change
- Transfer to Another Department
- Termination
- Policy Violation
- Other (please specify): \_\_\_\_\_

**Transaction Limits:** Single (each purchase) Limit not to Exceed: \$ \_\_\_\_\_

Monthly Credit (total purchases of the month) Limit not to Exceed: \$ \_\_\_\_\_

Justification of Card: \_\_\_\_\_

Restrictions (other restrictions not in County Statutes/Policy): \_\_\_\_\_

REQUESTED BY: \_\_\_\_\_  
Signature of Department Head/Elected Official \_\_\_\_\_ Date \_\_\_\_\_

APPROVED BY: \_\_\_\_\_  
Signature of P-Card Program Administrator \_\_\_\_\_ Date \_\_\_\_\_

Card #: \_\_\_\_\_ Date Issued: \_\_\_\_\_ Training Date: \_\_\_\_\_

Card Cancelled/Termination by Court: \_\_\_\_\_ Card Returned to Purchasing Dept.: \_\_\_\_\_

Card Cancelled by U.S. Bank: \_\_\_\_\_

All requested information is required. This form will be held in the strictest of confidence. If there are any questions, please call the Program Administrator at 432-498-4020.