

**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: \_\_\_\_\_