

Sacramento City Unified School District
Purchasing Services
(916) 643-9460

**RETURN THE ORIGINAL SIGNED FORM VIA DISTRICT MAIL TO BOX 830
DO NOT FAX OR EMAIL**

CAL-CARD APPLICATION FORM

Applicant Name: _____ Applicant Title: _____

School / Department: _____ Work Phone: _____

Email: _____ @scusd.edu

Approver Name: _____ Approver Title: _____

(Instructional Assist. Superintendent for Principals / Assist. Superintendent or Cabinet Member for Department Directors/Managers)

Standard Spending Limits

Single Transaction: \$250.00

Monthly Limit: \$250.00

*For temporary limit increase requests, submit the
Limit Increase and Exception Request Form

Additional Comments:

Applicant Acknowledgement

As cardholder, I have read and fully understand the Cal-Card policies as described in the Cal-Card Program Policy Manual. By signing below, I agree to uphold Cal-Card policies and accept responsibility for the proper use and protection of the Cal-Card.

Print Name _____ Signature _____ Date _____

Approver Acknowledgement

As the Approver, I have read and fully understand the Cal-Card policies as described in the Cal-Card Program Policy Manual. By signing below, I acknowledge and authorize the Applicant named above to obtain and use the District's Cal-Card.

Print Name _____ Signature _____ Date _____

This section for Administrator use only

Reviewed and Approved by Director of Accounting: _____ Date _____

Reviewed and Approved by Program Administrator: _____ Date _____

Entered by: _____ Date _____ Job ID _____