Bloomfield Hills Schools

Bloomfield Hills Schools
Purchasing Card Request

☐ Revolving Credit
☐ Declining Balance
  ☐ Employee
  ☐ Other **

Name on Card ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Social Security (last 4 digits) ☐☐☐☐

Date of Birth (mm/dd/yyyy) ☐☐ / ☐☐ / ☐☐☐☐

Work Phone ☐☐☐ - ☐☐☐ - ☐☐☐☐

Monthly Limit $☐☐☐☐☐.☐☐ Single Purchase Limit $ ☐☐☐☐☐.☐☐

Load this Amount (if declining budget) $☐☐☐☐☐.☐☐

Default Account Number to Charge ☐☐☐☐☐☐☐☐☐☐ — ☐☐☐☐☐☐☐☐
Key(10 digits) Object (8 digits)

Email Address _____

Cardholder Signature _____ Date _____

Approved By _____ Date _____
Supervisor's Signature / Authorizing Signature

(p-card 11.11.2015)

**Bloomfield Hills Schools will not maintain receipts or details of the activities or reconcile the statements of Declining Balance cards issued to non Bloomfield Hills Schools employees. All cards of this type will be closed during July following the year of issue. Remaining balances will be returned to the original source of funding.