

# Cal Card Request Form

Please complete this form and submit to Auditor's Office, attn: Christine Gaffney, for processing.

## Request for:

Employee Name: \_\_\_\_\_  
as appears on Driver's License as valid identification

New Cal Card:  YES  NO

Monthly Purchase Limit: \$ \_\_\_\_\_

Single Purchase Limit: \$ \_\_\_\_\_

or

Increase to Limits:  YES  NO If YES, please indicate

Increase to Monthly Purchase Limit to \$ \_\_\_\_\_

Increase to Single Purchase Limit to \$ \_\_\_\_\_

## Requested by:

Department Head: \_\_\_\_\_

Department Name: \_\_\_\_\_

Department Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Main Phone: \_\_\_\_\_

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Authorizing Signature

For more information, please refer to Section 10.0 on Page 6 of the Credit Card Program Policies and Procedures booklet.