

Auditor's Office	Use Only	1707	
Date Rec'd Form Date Requested Date Received			
Date Released Date Closed	Surplied Services	100	

## **Lubbock County**

## **LUBBOCK COUNTY PURCHASING CARD REQUEST FORM ACCOUNTING AND CARD INFORMATION RECORD**

TYPE OF REQUEST				
☐ Add/New Account ☐ Temporary Credit Limit Change	□ D:			
ACCOUNT INFORMATION				
Name:				
Department Number/Name:				
	E-mail address			
Monthly Credit Limit:\$500	\$1,000\$1,50	0\$2,000 _	\$2,500	
Monthly Credit Limit in excess of \$2, Court Minutes for approval!  Types of Usage Allowed:	•		must provide	
AUTHORIZATION				
Employee Name (print)	Employee Signature	Date		
Department Director Name (print)	Department Director Signat	ure Date		
Credit Card Manager Name (print)	Credit Card Manager Signa	ture Date		
INSTRUCTIONS ON HOW TO C	OMPLETE FORM			
NEW ACCOUNT  1. Indicate "New Account" of Complete Account Inform 3. Return to Credit Card Ma	nation and obtain Authoriza	ion signatures		

## **ACCOUNT CLOSURE**

- 1.
- 2.
- Indicate "Close Account" under type of request
  Last 4 digits of Account # \_\_\_\_
  Employee and/or Department Director print and sign name under Authorization
  Return to Credit Card Manager 3.
- 4.