

NEW CARD APPLICATION

CITY OF SAN ANGELO, TEXAS
PURCHASING DIVISION



PURCHASING CARD PROGRAM

Submit to sapurch@cosatx.us

PLEASE PRINT

Legal Name	Job Title
Department	Business Phone
Last 4 of Social Security Number _____	Work Mobile Phone (City Phones Only) <i>OPTIONAL</i>
HTE/NaviLine Username	E-mail Address

Please identify the business necessity for this individual to hold a P-Card in the space below:

Single Transaction Limit: \$500

Monthly Credit Limit: \$2,000

SIGNATURES

The undersigned parties understand that this card is only for City of San Angelo business purposes. All state statutes and City purchasing policies apply to each transaction.

Cardholder Date

Division Manager Date

Department Director Date

Purchasing Manager Date

For Purchasing Use Only

REQUESTED	DATE	PICKED UP	DATE
DEPARTMENT NO.	DIVISION NO.	HTE/NAVILINE	CARD FILE MAINTENANCE <input type="checkbox"/> AUTHORITY LEVELS <input type="checkbox"/>
DEFAULT ACCOUNT			