

Duval County Public Schools Purchasing Card Application Form

Request to issue a DCPS Purchasing Card for:

Employee Name _____ DCPS Employee # _____

Job Title /Position: _____

School/Department: _____ Org Unit: _____
(Formerly RC)

Telephone: _____ Fax: _____

Account Information:

Cost Center: _____ G/L: _____

Single Purchase Limit: \$ _____ Monthly Limit: \$ _____

Address for Billing:

School/Department Mailing Address

City _____ FL _____ State _____ Zip _____

Approving Administrator: _____
Signature _____ Date _____

Title: _____

Return to: Purchasing Services