



PROCUREMENT CARD REQUEST FORM

REQUEST FOR: Choose One

- New Account
- Change to Existing Account
- Name Change to Existing Account - Previous Name:

EMPLOYEE INFORMATION Complete all information

Employee Name:	
Home Address:	
City, State, Zip	
Date of Birth:	
Last 4 digits of Social Security Number:	
Employee ID Number:	
Mother's Maiden Name:	

EMPLOYEE CONTACT INFORMATION Complete all information

Email Address:	@roundrocktexas.gov
Work Phone Number:	

ACCOUNT INFORMATION Complete all information

Organization Code:	Object Code:	Department Name:
Tier (choose one)	Single Transaction Limit	Billing Cycle Limit
	\$3,000.00	\$5,000.00
	\$3,000.00	\$10,000.00
Other	\$3,000.00	\$
(Director Only)	\$3,000.00	\$25,000.00
Reconciler:	Self	Other Name of Other:

APPROVED BY

Supervisor's Name:	
Supervisor's Signature:	Date:

NOTES Please provide additional information about request if needed
