

**RAPID CITY AREA SCHOOLS
PURCHASING CARD PROGRAM**

NEW PURCHASING CARD REQUEST FORM

CARD INFORMATION:

CARDHOLDER NAME: _____

ADDRESS: _____ 300 SIXTH STREET _____

CITY, STATE, ZIP CODE: _____ RAPID CITY SD 57701 _____

MONTHLY CREDIT LIMIT: _____

SCHOOL DISTRICT (RCAS OR WDT) _____

CONTACT NAME: _____ DAVID JANAK _____

DEPARTMENT: _____

REPORTING HIERARCHY:

RECONCILER: _____

APPROVER: _____

AUTHORIZATION:

EMPLOYEE SIGNATURE: _____

SUPERVISOR SIGNATURE: _____