



DISTRICT CREDIT CARD APPLICATION

P-CARD UNIT

8525 REX RD. PICO RIVERA, CA 90660
MAIN LINE: 562.654.9401 FAX: 562.654.9048
<http://pcard.lausd.net>

Los Angeles Unified School District

All Youth Achieving

IMPORTANT - PLEASE READ:

- **ALL SECTIONS** OF THIS FORM MUST BE COMPLETED
- APPLICATION **MUST** BE SUBMITTED WITH THE APPLICABLE AGREEMENT
- CARDHOLDER AND APPROVING OFFICIAL **MAY NOT** BE THE SAME
- APPROVING OFFICIAL **MUST** BE IN SENIOR POSITION TO CARDHOLDER
- SITE ADMINISTRATOR AND APPROVING OFFICIAL MAY BE THE SAME PERSON
- CARDHOLDER AND SITE ADMINISTRATOR MAY BE THE SAME PERSON

***INCOMPLETE FORMS OR MISSING DOCUMENTS WILL RESULT IN DELAYS IN PROCESSING YOUR APPLICATION**

CHECK ALL BOXES THAT APPLY:

REV 8/2023

<input type="checkbox"/>	P-CARD \$5,000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	TOSHIBA	<input type="checkbox"/>	NEW ACCOUNT	<input type="checkbox"/>	TRANSFER ACCOUNT
NAME ON PREVIOUS ACCOUNT: _____					
<input type="checkbox"/>	Other (Please specify): _____				

CARDHOLDER APPLICANT	NAME		POSITION	EMPLOYEE NUMBER		
	E-MAIL ADDRESS			COST CENTER		
	LOCATION CODE	SCHOOL/OFFICE NAME		Region		
	ADDRESS		CITY	ZIP CODE		
	TELEPHONE					
	SIGNATURE			DATE		

APPROVING OFFICIAL	NAME		POSITION	EMPLOYEE NUMBER		
	E-MAIL ADDRESS			COST CENTER		
	LOCATION CODE	SCHOOL/OFFICE NAME		Region		
	ADDRESS		CITY	ZIP CODE		
	TELEPHONE					
	SIGNATURE			DATE		

SITE ADMINISTRATOR (If different from Approving Official):

NAME		POSITION	EMPLOYEE NUMBER		
E-MAIL ADDRESS			COST CENTER		
SIGNATURE			DATE		

RETURN THIS FORM TO THE P-CARD UNIT VIA EMAIL. VISIT OUR WEBSITE FOR YOUR ASSIGNED P-CARD REPRESENTATIVE.

P-CARD UNIT ONLY

HIER 2 _____

HIER 3 _____

HIER 4 _____

HIER 5 _____

HIER 6 _____