



# 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"/>	TRAVEL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	TOSHIBA	<input type="checkbox"/>	NEW ACCOUNT	<input type="checkbox"/>	<input type="checkbox"/>	TRANSFER ACCOUNT
NAME ON PREVIOUS ACCOUNT: _____						
<input type="checkbox"/>	Other (Please specify): _____					

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

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

**SITE ADMINISTRATOR (If different from Approving Official):**

NAME		POSITION		EMPLOYEE NUMBER	
E-MAIL ADDRESS				COST CENTER	
<b>SIGNATURE</b>				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 \_\_\_\_\_