

## **DISTRICT CREDIT CARD UPDATE FORM**

P-CARD UNIT

8525 REX RD. PICO RIVERA, CA 90660 MAIN LINE: 562.654.9401 FAX: 562.654.9048

http://pcard.lausd.net

HIER 5\_ HIER 6\_

## IMPORTANT - FOR UPDATING EXISTING ACCOUNTS ONLY

## AGREEMENT FORM **MUST** BE SUBMITTED WITH THE REQUEST OF CHANGE OF APPROVER

□СН	ANGE OF APP	PROVER	Previous:						ANCEL CARD(S)	
□ P-		□Toshiba		Other Card						
☐ INCREASE P-CARD LIMIT				☐ DECREASE P-CARD LIN				D LIMI	Т	
□ 01	HER REQUES	<b>T</b> (Please s	pecify):							
	NAME			POSITION E			EMP	EMPLOYEE NUMBER		
CARDHOLDER	E-MAIL ADDRESS				COST	COST CENTER				
	LOCATION CODE SCHOOL/OFFICE NAME							LD		
	ADDRESS			СІТУ				ZIP CODE		
	TELEPHONE	FAX								
	SIGNATURE						DATE	DATE		
APPROVING OFFICIAL	NAME			POSITION		EMP	EMPLOYEE NUMBER			
	E-MAIL ADDRESS									
	LOCATION CODE SCHOOL/OFFICE NAME							LD		
	ADDRESS			CITY					ZIP CODE	
						CIT			ZIP CODE	
	TELEPHONE			FAX						
	SIGNATURE			l l			DATE			
TE ADI	MINISTRATOR (If d	lifferent from	Approving Official)							
NAME				POSITION EMP			EMPLOYEE NUM	PLOYEE NUMBER		
E-MAIL AD	DRESS									
SIGNATU	IRE						DATE	DATE		
ETURN THIS FORM TO THE P-CARD UNIT VIA FAX OR EMAIL. VISIT OUR WEBSITE FOR YOUR									P-CARD UNIT ON	
SSIGNED P-CARD REPRESENTATIVE.									HIER 2	
SSIGN	IED P-CARD RFI	PRESENTAT	IVE.						HIER 3	