



**Los Angeles Unified School District**

All Youth Achieving

**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>

**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 8/2015

<input type="checkbox"/> P-CARD	<input type="checkbox"/> \$1500 limit	<input type="checkbox"/> \$3000 limit	<input type="checkbox"/> TRAVEL
<input type="checkbox"/> TOSHIBA	<input type="checkbox"/> NEW ACCOUNT	<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		LD
	ADDRESS		CITY	ZIP CODE
	TELEPHONE	FAX		
	SIGNATURE			DATE

<b>APPROVING OFFICIAL</b>	NAME		POSITION	EMPLOYEE NUMBER
	E-MAIL ADDRESS			COST CENTER
	LOCATION CODE	SCHOOL/OFFICE NAME		LD
	ADDRESS		CITY	ZIP CODE
	TELEPHONE	FAX		
	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 FAX OR EMAIL . VISIT OUR WEBSITE FOR YOUR ASSIGNED P-CARD REPRESENTATIVE.

<b>P-CARD UNIT ONLY</b>
HIER 2 _____
HIER 3 _____
HIER 4 _____
HIER 5 _____
HIER 6 _____