

# NEW CARD APPLICATION

CITY OF SAN ANGELO, TEXAS  
PURCHASING DIVISION



## PURCHASING CARD PROGRAM

Submit to [sapurch@cosatx.us](mailto:sapurch@cosatx.us)

PLEASE PRINT

Legal Name	Job Title
Department	Business Phone
Last 4 of Social Security Number _____	Date of Birth (MM/DD/YYYY)
E-mail Address	HTE/NaviLine Username

Please identify the business necessity for this individual to hold a P-Card in the space below:

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Single Transaction Limit: \$500

Monthly Credit Limit: \$2,000

### SIGNATURES

*The undersigned parties understand that this card is for City of San Angelo business purposes only. All state statute and City purchasing policies apply for each transaction.*

Cardholder	Date
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Division Manager	Date
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Department Director	Date
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Purchasing Manager	Date
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### For Purchasing Use Only

REQUESTED	DATE	PICKED UP	DATE
DEPT NO	DIVISION NO	HTE/NAVILINE	CARDHOLDER <input type="checkbox"/> AUTHORIZATION <input type="checkbox"/>
DEFAULT ACCOUNT			