

<input type="checkbox"/> New Card Request
<input type="checkbox"/> Limit Change
<input type="checkbox"/> Other

**City of Fairfield
Purchase Card Form**

Name: _____ Employee # _____

Email Address: _____ Telephone # _____

Department Name: _____ Org Code: _____

Monthly Card Limit: _____ Single Purchase Limit: _____

Limit Change Only

	Current Limit	New Limit
Monthly		
Single Purchase		

Statement Approver: _____
(Person who approves the statement in Tyler)

Notification User: _____
(Person who is notified and will upload data into Tyler when CC statement is available)

Changes to Card/Limit Change Justification:

Please have your department head sign this form and email it to agaribay@fairfield.ca.gov

Purchase Cardholders are required to return their card to their supervisor upon separation from the City of Fairfield. If you have any questions regarding Purchase Cards, please contact Ana Garibay x7036 – Finance Department

Department Head Signature

Date