



Imperial County CAL CARD Request Form

New

Update

Temporary

Date: _____

Temporary
Duration Period: _____

Department Name: _____

Cardholder Name: _____
(MUST BE FULL LEGAL NAME ON CARDHOLDER'S DRIVERS LICENSE)

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ E-Mail: _____

PLEASE PROVIDE JUSTIFICATION FOR CAL CARD REQUEST:

Department Director/Deputy Director/Manager Name: _____

Telephone Number: _____

REMINDER:

**NO FIXED ASSETS OR SERVICES MAY BE PURCHASED WITH THE IMPERIAL COUNTY CAL CARDS.
CONTACT THE PURCHASING DEPARTMENT FOR ANY QUESTIONS CONCERNING CARD USAGE.**

The department will be responsible for monitoring and reviewing the use of the CAL CARDS issued to their staff members. Approving Official(s) and cardholder(s) will ensure that sound procurement practices are maintained utilizing the established County of Imperial policies and procedures.

Single Purchase Limit: \$ _____ (Up to \$2,500.00)

30 Day Limit: \$ _____ (Up to \$999,999.00)

County Executive Officer Approval: _____	Date: _____
--	-------------