



Imperial County CAL CARD Special Request Form

Date: _____

Requesting Department: _____

Cardholder Name: _____

Phone #: _____

E-Mail: _____

SPECIAL REQUEST ITEM(S) DESCRIPTION:

PLEASE PROVIDE JUSTIFICATION FOR SPECIAL REQUEST:

DEPARTMENT DIRECTOR/DEPUTY DIRECTOR/MANAGER ONLY

Printed Name: _____

Signature: _____

PURCHASING AGENT ONLY

Signature: _____

Date: _____