



**COLUMBIA PUBLIC SCHOOLS  
BANK OF AMERICA  
PURCHASING CARD APPLICATION**  
(REV 02/01/15)



Return Completed Form to: Business Services/Aslin Building  
Attn: Alexia Hunt

**EMPLOYEE INFORMATION**

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

School/Department Name \_\_\_\_\_ Street Address (School/Dept Location) \_\_\_\_\_ Zip \_\_\_\_\_

( ) - ( ) E 0 - - - -

Business Phone \_\_\_\_\_ Home/Personal Phone \_\_\_\_\_ CPS Id Number \_\_\_\_\_

- - - - - / - - - - / - - - -

Default Account (Key code – Object code) \_\_\_\_\_ Employee's First Day of CPS Employment \_\_\_\_\_

@cpsk12.org Cardholder \_\_\_\_\_ Supervisor \_\_\_\_\_

Email address \_\_\_\_\_ Role(s) \_\_\_\_\_ Employee's Job Title \_\_\_\_\_

- - - - -

9-digit verification number used to ACTIVATE card and reset PIN number through the website if needed (SSN, phone #, CPS ID, etc.)

**DISTRICT INFORMATION**

**Columbia Public Schools**      **1818 W Worley Street**      **Columbia**      **MO**      **65203**

Company Name      Address      City      State      Zip

**\$2,000**      **\$400**      **99**      **\$400**

Monthly Credit Limit      Single Transaction Limit      Transactions Per Day      Amount Per Day

*(department name)*

Second Line of Embossing

**EMPLOYEE / APPROVAL SIGNATURES**

Signature of Employee \_\_\_\_\_ Signature of Supervisor \_\_\_\_\_ Signature of Director of Business Services \_\_\_\_\_

Date \_\_\_\_\_ Date \_\_\_\_\_ Date \_\_\_\_\_