

# BIRDVILLE ISD CREDIT CARD REQUEST

Please fill out the form, sign and then click on the submit button.

Employee Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_

Verification ID# \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

(Cannot start with a 1 or 0 / must be 9 digits long)

Department \_\_\_\_\_ Department Address: \_\_\_\_\_

Check the card(s) that are being requested:

\_\_\_\_\_ Credit Card      \_\_\_\_\_ *Transaction Limit* on Credit Card

\_\_\_\_\_ Fuel Card      \_\_\_\_\_ Prompt ID Form

\_\_\_\_\_  
Person Requesting Credit Card

\_\_\_\_\_  
Department

\_\_\_\_\_  
Supervisor/Director Signature

\_\_\_\_\_  
Date

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Do not write below this line for use by the Purchasing Department only:

Fuel Card Ordered: \_\_\_\_\_ PCard Ordered: \_\_\_\_\_

\_\_\_\_\_  
PCard Administrator

\_\_\_\_\_  
Date