



Chinook's Edge School Division No. 73

PURCHASING CARD PROGRAM APPLICATION



Employee Information

First Name Initial Last Name Birth date (MM-DD-YYYY)
Chinook's Edge School Division No.73 4904-50 Street Innisfail, AB T4G 1W4

School/Location Business Phone Number Business Fax Number
Accounting Code (eg 5-155-300-610-000-00-00) Employee No.

Purpose For Visa Card
Monthly Credit Limit (max 5,000) Single Transaction Limit (max 2,500)

Cardholders Signature Date
Request Approved by (Please Print) Principal/Supervisor Signature Date

Forward To Plan Administrator
Angie Krause
Phone: 403-227-7069 Email - visa@cesd73.ca

Division Office Use only

0/1/9/1 0/0/1/9/1 /___/___/___/___/___/
Agent Company Number Division No. (5 Digit-Sch# eg 15500)

Plan Administrator Signature Date
Treasurer Approval Date

MUST be submitted with completed Purchasing Card Employee Agreement