

Topeka Public Schools
U.S.D. 501

CREDIT CARD AUTHORIZATION FORM

Total Dollar Limit (per month)	\$
Maximum Number of Monthly Transactions	
Maximum Dollars per Transaction	\$
Maximum Number of Daily Transactions	

Account Number	
Name of Cardholder	
Department/Building	
Social Security Number	
Position	
Statement Address	
City/State/Zip Code	
Merchant Category Codes and Merchant Type	
(please be specific)	
Special Instructions	

Date of Request	Building/Department Approval Signature
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Date Authorized	Credit Card Officer Approval Signature
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