

Order Delivery Date \_\_\_\_\_

Card Name \_\_\_\_\_

Card # \_\_\_\_\_



### ANNUAL ORDER REQUEST TO INCREASE CARD LIMIT

Please completely fill in all blanks, obtain required signatures and submit to:  
Business Department

Please print or type:

REQUESTOR: \_\_\_\_\_ TITLE: \_\_\_\_\_

DEPT: \_\_\_\_\_ LOCATION: \_\_\_\_\_ EXT: \_\_\_\_\_

PURPOSE FOR INCREASE (provide brief explanation): \_\_\_\_\_  
ANNUAL KCDA ORDER

ITEMS TO BE PURCHASED: \_\_\_\_\_  
VARIOUS SUPPLIES FOR ANNUAL ORDER

#### REQUESTED DOLLAR LIMIT:

Per Transaction Limit: \$ \_\_\_\_\_  permanent  temporary\* (complete vendor info below)

Monthly Limit: \$ \_\_\_\_\_  permanent  temporary

If temporary, provide date parameters: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ to \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

#### \*VENDOR INFORMATION (if temporary per transaction limit):

Name: KCDA Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

#### BENEFIT TO SCHOOL, DISTRICT, OR DEPARTMENT:

\_\_\_\_\_  
N/A

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

#### Business Department Use Only:

Approved: \_\_\_\_\_ Date: \_\_\_\_\_

Temp Trans Limit \$ \_\_\_\_\_ Reset Date: \_\_\_/\_\_\_/\_\_\_ By: \_\_\_\_\_ Perm Trans Limit \$ \_\_\_\_\_

Temp Monthly Limit \$ \_\_\_\_\_ Reset Date: \_\_\_/\_\_\_/\_\_\_ By: \_\_\_\_\_ Perm Monthly Limit \$ \_\_\_\_\_

Date Processed: \_\_\_/\_\_\_/\_\_\_ By: \_\_\_\_\_