



**ALBUQUERQUE
PUBLIC SCHOOLS**

Purchasing Card Request Form
2023-2024 School Year

Department Name: _____ Loc. # _____

Employee Name: _____ Employee # _____

Work Phone Number: _____ Extension: _____

Title: _____ Email: _____

Number of Cards Requested: _____ Operational
_____ Categorical-Title 1/Grants
_____ Athletic-H.S. Only

Reconciler's Name: _____ Employee #: _____

Work Phone Number: _____ Email: _____

Mailing Address: _____

6400 Uptown Blvd. NE
Albuquerque, NM 87110

Cardholder Signature

Date

Approval By: Appropriate Department Administrator

Eugene Saavedra
Antonio Gonzales
Troy Hughes
Sheri Jett
Mark Garcia-(M Zone)
Gabriella Blakey-COO
Scott Elder-(Superintendent)

Rennette Apodaca
Chief Financial Officer
Final Approver

Please return completed form to Accounts Payable aftr all signatures have been obtained.

Revised: **08/2023**