



**ALBUQUERQUE
PUBLIC SCHOOLS**

Purchasing Card Request Form
2024-2025 School Year

Department Name: _____ Loc. # _____

Employee Name: _____ Employee # _____

Work Phone Number: _____ Extension: _____

Title: _____ Email: _____

Number of Cards Requested: _____

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

Antonio Gonzales- Deputy Superintendent
Sheri Jett- Chief Academic Officer
Gabe Jaquez -Chief Operations Officer
Johanna King- Chief of Staff
Gabriella Blakey-(Superintendent)

Rennette Apodaca
Chief Financial Officer
Final Approver

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

Revised: **08/2024**