



Tehama County Department of Education

CAL-Card Request Form

TCDE Program Name: _____

Manager Name: _____

Date of Request: _____

Employee:

Full Name: _____

Social Security Number: _____

Purchase Limit Requested:

Single Purchase Limit \$ _____

Monthly Purchase Limit \$ _____

Unless specified to a lower amount, cards are set with a \$1,000 single purchase limit and a \$5,000 monthly purchase limit.

Approving Manager's Signature

Date

Superintendent Signature

Date

Cal-Card Administrator Signature

Date