



TRINITY COUNTY
 ANGELA BICKLE, AUDITOR/CONTROLLER
 CHRISTINE GAFFNEY, ASSISTANT AUDITOR/CONTROLLER
 P.O. BOX 1230 WEAVERVILLE CALIFORNIA 96093-1230
 PHONE (530) 623-1317 FAX (530) 623-1323

CAL-Card Request Form

Request is only accepted with Department Head or Authorized Supervisor's signature of approval.

This form will be replacing the one on file. Please fill out completely.

Employee Name: _____ Employee Position: _____
 (As it appears on Driver's License – Make sure it is neat and legible) (Optional)

Employee Legal Name: _____
 (Full Legal name - per OFAC regulations)

Employee Physical Address: _____ Birth Date: _____
 (Per OFAC Regulations – Physical Address **OR** Birth Date)

- New CAL-Card
 Increase Limits
 Decrease Limits
 Transfer CAL-Card*
 Monthly Purchase Limit _____
 Single Purchase Limit _____
 Temporary Limit Start Date: _____ End Date: _____

Attach justification for Auditor-Controller approval if limit request is more than \$1,500.

- Terminate CAL-Card**
 Temporary Hold**
 Reactivate***

Requested By:

Department Head: _____ Department Name: _____

Department Number: _____ PO Box: _____ Main Phone Number: _____

 Authorizing Signature Date Employee Signature Date

*Transfer of a CAL-Card from one department to another needs to be requested by the receiving department. Temporary Hold will need to be placed on the CAL-Card by the departing department. (It is not necessary for the cardholder to turn in their CAL-Card while a transfer is taking place).

**If terminating or being placed on a temporary hold; put the credit card in a sealed envelope with this request form and mark it "CONFIDENTIAL," send it to CAL-Card administrators' attention. (Only needs Authorized signature).

***Please remember when REACTIVATING a CAL-Card the request must be submitted 10 business days prior to cardholder needing the credit card.

AUDITOR USE ONLY ~ Approval for limit increase of more than \$1,500

NOT Approved - Highest monthly purchase amount was: _____ and _____ annually. Trend of purchases for the past year is not high enough to justify requested limits.

APPROVED Temporary Hold – Not used within the last year, cardholder needs to turn in their credit card.

Auditor-Controller Signature: _____ Date: _____

This form will be sent back if (1) the required fields are not filled out (2) is not legible or (3) if the employee named is not showing as a County employee (attach a PPF if request is being sent prior to HR processing employee information). (4) if substantial justification is not attached for a limit increase of more than \$1,500.