Tehama County Department of Education

CAL-Card Request Form

TCDE Program Name: _____

Manager Name: _____

Date of Request: _____

Employee:

Full **Legal** Name: _____

Social Security Number: _____

Date of Birth: _____

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

_____ _____
Richard DuVarney
Superintendent Signature Date

_____ _____
Carol Stephens
Cal-Card Administrator Signature Date