

THE SCHOOL DISTRICT OF OSCEOLA COUNTY, FLORIDA

PURCHASING CARD CHANGE REQUEST FORM

Type or Print

Fax (407.870.4616) or Inter-Office Mail to Purchasing Card Administrator

Purchasing Only Card Travel Only Card

Request for change to The School District of Osceola County Purchasing Card for:

Cardholder Name (As appears on Card)	
Card #	
Employee ID #	
Department/School	

Check the item to be changed. Enter the current number or amount and the requested changed number or amount.

√	Change Item	From	To
	Single Purchase Limit	\$	\$
	Single Travel Limit	\$	\$
	30 Day Limit	\$	\$
	Card Manager/Approver		
	Card Reconciler/Keyer		
	Card Custodian		
	Fund/Departments/Schools/ Org		
	CANCEL CARD		

Other Change: Be Specific: _____

SIGNATURES REQUIRED:

DEPARTMENT HEAD/SCHOOL PRINCIPAL SIGNATURE: _____ **DATE:** _____

Type/Print Name and Title: _____

SUPERVISOR'S SIGNATURE: _____ **DATE:** _____

Type/Print Name and Title: _____

PURCHASING CARD ADMINISTRATOR: _____ **DATE:** _____

DIRECTOR OF PURCHASING: _____ **DATE:** _____

Submitted to Bank/Works: By: _____ **DATE:** _____