

**THE SCHOOL DISTRICT OF OSCEOLA COUNTY, FLORIDA  
PURCHASING CARD CHANGE REQUEST FORM**

Type or Print  
Email to Purchasing Card Administrator

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

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

**Check the item to be changed. Enter the current information and the requested change.**

√	Change Item	From	To
	Single Purchase Limit	\$	\$
	30 Day Limit	\$	\$
	Card Manager/Approver		
	Card Reconciler/Delegate		
	Fund/Department/School		
	Cancel Card: Reason		
	Other Change: Be Specific		

**DEPARTMENT HEAD/PRINCIPAL'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Type/Print Name and Title:** \_\_\_\_\_

**THIS SECTION TO BE COMPLETED BY PURCHASING**

**PURCHASING CARD ADMINISTRATOR:** \_\_\_\_\_ **DATE:** \_\_\_\_\_