

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

PURCHASING TRAVEL PURCHASING & TRAVEL

Employee Name [per ID]			Telephone:
Employee ID #		Email:	
Employee Job Title			
Department/School Name and Center #			
Single Transaction Limit	\$999.00	<u>30 Day Limit</u>	
		<input type="checkbox"/> \$5,000.00	<input type="checkbox"/> \$10,000.00 <input type="checkbox"/> \$15,000.00 <input type="checkbox"/> \$20,000.00
Card Manager/Approver			Telephone:
			Email:
Card Reconciler/Delegate			Telephone:
			Email:

Department Head/Principal's Signature: _____ **Date:** _____

Type/Print Name and Title: _____

<u>THIS SECTION TO BE COMPLETED BY PURCHASING</u>
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Purchasing Card Administrator: _____ **Date:** _____