

**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:** \_\_\_\_\_

**THIS SECTION TO BE COMPLETED BY PURCHASING**

**Purchasing Card Administrator:** \_\_\_\_\_ **Date:** \_\_\_\_\_