

**SCHOOL DISTRICT OF OSCEOLA
COUNTY PURCHASING CARD
REQUEST FORM WELLS FARGO**

PURCHASING TRAVEL PURCHASING & TRAVEL

Employee Name [per ID]			Telephone:
Employee ID #			
Department/School			
Location			
GL Default Account No.	Fund/Agency/Org		
Single Transaction Limit	\$999.00	30 Day Limit	<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/Keyer		Telephone	
		Email	

SIGNATURES NEEDED FOR ALL FORMS:

Administrator Signature:
Department Head/Principal: _____ **Date:** _____

Type/Print Name and Title: _____

Supervisor's Signature: _____ **Date:** _____

Type/Print Name and Title: _____

Purchasing Card Administrator: _____ **Date:** _____

Director of Purchasing: _____ **Date:** _____

THIS SECTION TO BE COMPLETED BY PURCHASING					
Card Number:					
Card Type:		Last 4 Digits of Account:		Date Training Attended:	
Expiration Date:		Date Card Ordered:		Purchasing Card Administrator Initials:	
Date Card Destroyed:		Signature of Witness of Destruction of pCard:			