

CITY OF ORLANDO

PURCHASING CARD ADD/CHANGE/DELETE Form

Request for:

Name: _____	Email Address: _____	
Dept: _____	Sub-Ledger #: _____	Phone #: _____
Employee# _____	SS # (last 4 digits) _____	

Complete only the SECTION that corresponds to the request and then electronically send to procurementcard@cityoforlando.net If assistance is needed with this form, contact Nick Singh (2576) or Rose Flores (3647).

SECTION I - Request a new Purchasing Card

Name on card: _____	ADDRESS: THIS IS WHERE THE STATEMENT WILL BE MAILED	
Department: _____	Address 1: _____	
Fund/Prog/Proj: _____	Address 2: _____	
Approving Official: _____	City _____	State _____ Zip _____
CREDIT LIMIT PER MONTH: \$ _____	SINGLE TRANSACTION LIMIT: \$ _____	NUMBER OF TRANSACTIONS PER DAY: _____

SECTION II – Add / Change

Cardholder Approver Proxy Auditor

Credit Card (last 4 digits): _____		
Name:	From: _____	To: _____
Department:	From: _____	To: _____
Fund/Prog/Proj:	From: _____	To: _____
Approving Official:	From: _____	To: _____
Proxy Reconciler:	From: _____	To: _____
Auditor:	From: _____	To: _____
Full Billing Address: _____	City <u>Orlando</u>	State <u>FL</u> Zip _____
Credit Limit per month:	Single Transaction Limit:	Number of Transactions per day:
From: _____ To: _____	From: _____ To: _____	From: _____ To: _____

SECTION III – Delete

Credit Card (last 4 digits): _____	Fund/Prog/Proj: _____	Effective date: _____
Reason: _____		

SECTION IV – Travel - A copy of the approved travel is required with this request *NO FURTHER APPROVAL NEEDED

Last 4 # of the credit card: _____	Amount \$ _____	Travel Date- From: _____ To: _____
Comments: _____		

Approval / Review:

Requester: _____ Date: _____ PHONE EXT: _____

Cardholder: _____ Date: _____ PRINT NAME: _____

Approving Official: _____ Date: _____ PRINT NAME: _____

Director / Office Head: _____ Date: _____ PRINT NAME: _____

Budget Manager: _____ Date: _____ Operations Manager: _____ Date: _____