



Board of County Commissioners Purchasing Division

State of Florida

P-CARD TRAVEL SINGLE TRANSACTION LIMIT INCREASE REQUEST

Cardholder Print Name: _____ Date: _____

Cardholder Title: _____ Current Spend Limit: \$ _____

Department: _____

Travel Purpose: _____

Travel To: _____

Travel Dates: _____

I certify that the above mentioned travel has been pre-approved and in accordance with the County Travel Policy. Please attach any pre-approved documentation.

Cardholder's Signature

Date

Department Director's Signature

Date

Purchasing Use Only

Purchasing Manager's Approval Signature

Date

Date authorized in BoA Works Program by P-Card Administrator

Created: 10-2.18