



**Request for Purchasing Card Issuance**

TO: Finance Department

FROM: (Department/Agency) \_\_\_\_\_

DATE: \_\_\_\_\_

Full Name: (Print) \_\_\_\_\_

Employee number: \_\_\_\_\_

Individual Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Approving Department Director/Elected Official: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**For Finance Department use only:**

Based on the cardholder's duties, the Purchasing Card Administrator will assign the purchasing card credit limit level which most closely fits this request.

Single Purchase Limit (Total purchase – may include multiple items) \$ \_\_\_\_\_

Monthly Limit \$ \_\_\_\_\_

Approved By: \_\_\_\_\_  
Purchasing Card Administrator

Approved By: \_\_\_\_\_  
Finance Director/Date

Approved By: \_\_\_\_\_  
County Manager/Date

Processing date and initialed: \_\_\_\_\_