



# Board of County Commissioners Purchasing Division

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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*

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