



**Escambia County
Purchasing Card
Request/Certification/Receipt**

SSN Disclosure: Used to comply with any requirements imposed on the County by banks or credit card companies to verify identities for the issuance of credit cards or Purchasing cards.

Request to issue a Escambia County Purchasing Card for: _____

First Name M.I. Last Name

Employee SS# _____ Department _____ Division _____

Home Phone # _____ Business Phone # _____

Monthly Reconciliation Address: _____

City State Zip

Department Head or Designee: _____ Date: _____

Signature

Purchasing Authorization: _____ Date: _____

County Administrator

FOR PURCHASING USE ONLY

Card Number: _____

Single Purchase Limit **\$2,499.99** 30 Day Limit **\$15,000.00**

Department Specific Blocked Merchant Category Codes: _____

Include Merchant Category Codes: _____

Department Card Representative Name: _____ Telephone _____

I certify that I received the Bank of America VISA Purchasing Card listed above and a copy of the Escambia County, Florida, Purchasing Card Policies and Procedures, and, I understand and agree to the terms set forth therein. I agree that I will relinquish my Bank of America VISA Purchasing Card to the County when requested to do so, and upon termination of employment. I understand that failure to use this Purchasing Card in accordance with all rules and regulations may require relinquishing the card and may result in disciplinary measures.

I UNDERSTAND THAT THIS PURCHASING CARD CANNOT BE USED FOR ANY UNAUTHORIZED USE AND ANY MISUSE WILL REQUIRE IMMEDIATE REIMBURSEMENT TO THE COUNTY OF BALANCES IMPROPERLY CHARGED. I UNDERSTAND AND AGREE THAT SUCH BALANCES MAY BE DEDUCTED FROM MY WAGES AND SHALL ALSO RESULT IN DISCIPLINARY ACTION WHICH MAY INCLUDE DISMISSAL.

Employee Signature: _____ DATE: _____