



Finance Department PURCHASING CARD REQUEST FORM

I hereby request a City of Marco Island Purchasing Card (P-Card)

Name on Card (Type Legal Name): _____

Department Name On Card: _____

The purpose of the P-Card is:

- Daily Field Use (i.e. Sunshine Ace, Napa, Publix)
- Light Office Use (purchases/payments via phone or internet)
- Travel Related Expenses
- Other: _____

Note: above selection(s) can be modified after the card is issued.

The requested Single and Monthly limits on this P-Card are:

\$ _____ Single

\$ _____ Monthly

The standard card limits are \$1000 single transaction and \$5000 monthly. Department Directors can request lower limits for the individual employees, if needed. Limits can be further decreased or increased (written justification will be required for the increase) after the card is issued.

ADDITIONAL NOTES:

Employee Signature

Date

Department Director Signature

Date

Department Director Printed Name

Approved by Purchasing

Date