



**Internal Account Purchasing Card Application
Travel Expense Card**

Issue Internal Account Travel Expense Purchasing Card to: _____

Designated Cardholder: _____ Job Title: _____

Cardholder DOB _____ Has Cardholder Previously Attended a PCard Training Class? Yes No

Cost Center #: _____ Office Phone #: _____

Single Transaction Limit (not to exceed \$8,000) \$ _____

Monthly Transaction Limit (not to exceed \$20,000) \$ _____

ADDRESS FOR BILLING:

Attn: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

PRINCIPAL APPROVAL

Signature / Title _____
Date

To Be Used By Purchasing

Company Name as Appearing on Card: Leon Co School Board

Sales Tax Exemption Number: 85-8013915957C-7

Building the Future Together

"The Leon County School District does not discriminate against any person on the basis of race, color, ethnicity, national origin, religion, age, sex (including transgender, gender nonconforming, and gender identity), marital status, disability, pregnancy, sexual orientation, or genetic information."