



Request Date: _____

Received Date: _____

Cardholder / Reviewer Information

Cardholder

First Name: _____ Last Name: _____ MI: _____ Last 4 Digits of SSN: _____
 Phone: _____ Date of Birth: _____ Title: _____
 Department: _____ Dept. Billing Address: _____
 Employee ID#: _____ Email: _____
 Assigned Online Reviewer (if applicable & other than cardholder) _____
 Assigned Online Approver: _____

Transaction Limits Request

Transaction

The Purchasing card is a preferred payment method (not a purchasing method); when purchasing products or services and are valued within the specified purchasing transaction limits of the cardholder. The cardholder must read and be compliant with both the **Administrative A-5 Purchasing & A-11 Purchasing Card Policies and procedures**. Indicate the preferred transaction limits below:

Single Transaction Purchase Limit
 (\$1,000 Default)
 \$ _____

Monthly Transaction Purchase Limit
 (\$5,000 Default)
 \$ _____

PCard Justification REQUIRED in box below: describe purchases expected to use PCard for payment

Purchasing Card Justification / Authorized Categories to be Purchased:

Please check one of the below boxes which apply to the type of purchases to be made by the Cardholder.

1. **BCBasic-fd** – Used to purchase
General Supplies

2. **BCtrav-fd** – Used to purchase General
Supplies & Travel

3. **BCVeh-fd** – Used to purchase Vehicle
Related expenses

REQUIRED Signatures:

I certify, I have read and understand both the A-5 Purchasing & A-11 Purchasing Card policies to be compliant with the Brown County Administrative Policies.

Signatures

Cardholder / Reviewer Signature

Signature Date

I certify, I acknowledge the cardholder / reviewer has read and understands both the A-5 Purchasing & A-11 Purchasing Card policies to be compliant with the Brown County Administrative Policies.

Printed – Supervisor Name _____

Supervisor / Department Head Signature OR
 Executive Signature (MANDATORY if card request is a Department Head)

Signature Date

Purchasing

Physical signature required. Print, sign, scan and send the completed signed form via one of the below formats:

- Email / Scan: BC_Administration_Purchasing@co.brown.wi.us
- FAX: (920) 448-4036
- Inner Office: Purchasing

Purchasing Use ONLY

Purchasing Manager Signature

Signature Date

Cardholder Security Code: _____

Default G/L: _____

Subset Name: _____

Date Ordered: _____

Card Number: _____

Processor Signature

Signature Date