



P-CARD TRANSACTION APPROVAL FORM

Cardholder Name: _____

Cardholder Department: _____

Transactions for the month of (5th to 4th billing cycle): _____

Last 4 digits of card number: _____

Checklist:

- Attach Cardholder Approval Report (Bank of America Works Report) ***showing* GL Accounts and Public Purpose Descriptions**
- Attach itemized receipts/invoices/supporting documentation
- Send this form and above items to **Finance** by the 15th of each month: Courier Code: **FIN**

Physical Address (Billing Address): Okaloosa County BOCC
101 E James Lee Blvd, RM 108
Crestview, FL 32536

I hereby certify that all purchases contained herein were for official Okaloosa County business, were made in accordance with rules and directives, and that I have reviewed this log and it correctly reflects the card receipts enclosed.

Cardholder Signature

Date

Immediate Supervisor Signature*

Date

*Per Purchasing Manual, immediate supervisor must sign; or department director or designee