

Henderson County Procurement Card Form Business Travel Card

Employee Name	
Employee Number	
Title	
Department	
Phone	
Email	
Credit Limit	
Justification (Should include travel dates, location of travel, and brief description.)	
Please indicate the date the card will be check of return.	ted out from Finance and the anticipated date
Check Out Date:	Check In Date:
Date: Department H	ead:
Date: Finance Direct	or:
The card holder has read and understands the Policy and agrees to all terms outlined in the	-

Date: Card Holder:

Card Holder is to appear in person with identification to receive the card in Finance and sign above.

Procurement Card is issued to me with the express understanding that I will, at all times,

comply with the Procurement Card Policy.

Please return the completed form to a Purchasing Agent by email or interoffice mail.

Purchasing Agent(s): Doug Guffey dguffey@hendersoncountync.gov

Julia Buchanan jbuchanan@hendersoncountync.gov