



STATE OF FLORIDA

DEPARTMENT OF COMMUNITY AFFAIRS

"Dedicated to making Florida a better place to call home"

CHARLIE CRIST
Governor

THOMAS G. PELHAM
Secretary

PURCHASING CARD ACCEPTANCE AGREEMENT

The attached Purchasing Card is provided for your use while in travel status on official state business. By accepting this card, you agree to be bound by all policies and procedures related to the travel function as established by the Department of Community Affairs and the Department of Financial Services.

This card is to be used only for travel related expenditures while on official state business (airline fees, car rental and related fuel, parking, lodging). Travelers receiving the State Purchasing Card are not eligible to receive cash advances.

You are personally responsible for the accurate and timely submission of all documentation required for the state's payment of the charges against this card. This documentation must be received in Office of the Secretary, Finance and Accounting, no later than 8 calendar days after the last day of travel. Accurate documentation, along with supervisor signature and division fund coding information must be provided within this timeframe. Provided with the card are DCA instructions for travel by holders of Purchasing Cards.

Misuse, abuse and/or failure to submit accurate and timely documentation for charges incurred may prompt the Department or the State's Chief Financial Officer to request that the Department retrieve the card and cancel your account.

Upon submission of a properly documented Travel Reimbursement Request Form, you will be reimbursed for all allowable costs of the trip not charged to the Purchasing Card. Travel vouchers should be submitted in accordance with Administrative Procedure 1203.1.

I agree to return the Purchasing card upon my separation from this agency. I hereby accept the Purchasing Card No. _____ and agree to all policies, procedures and time requirements of the Department of Community Affairs and the

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CRITICAL STATE CONCERN FIELD OFFICE
2796 Overseas Highway, Suite 212
Narathon, FL 33050-2227

COMMUNITY PLANNING
2555 Shumard Oak Boulevard
Tallahassee, FL 32399-2100
(850) 488-2227

HOUSING & COMMUNITY DEVELOPMENT
2555 Shumard Oak Boulevard
Tallahassee, FL 32399-2100
(850) 488-7956

Department of Financial Services. I understand that my use of the card is optional, and that when used, it is only to be used for specifically allowed charges for official state business travel purposes. I further understand that all vendor charges to this card will be provided to the Department each month, that these charges are public records, and the charges to my account will be audited for compliance with applicable statutes, rules, policies and procedures. I also understand that if the card is cancelled for abuse, misuse or failure to remit timely and accurate documentation for charges incurred, I may not be allowed to access any other agency travel options such as advances or central billing accounts, and I may be required to travel from my own resources with state reimbursement after the travel is completed and proper documentation is submitted.

Employee Signature: _____

Employee Name: _____ Date: _____

As the supervisor of _____, I understand my responsibility in requiring this employee to complete and submit accurate travel documentation within the specified timeframes. I hereby certify that I will approve these documents and charges, and will do so within the timeframes and guidelines required by state statutes, rules, policies and procedures.

Supervisor Signature: _____

Supervisor Name: _____ Date: _____