



To: \_\_\_\_\_

At: \_\_\_\_\_

The below listed individual(s) is authorized to purchase the following described travel services from you using the State of Florida, University of Florida Visa Purchasing Card issued in my name. They will each provide picture identification upon request.

Charge #1. Name: \_\_\_\_\_

Date of service: \_\_\_\_\_

Type of Service(s): \_\_\_\_\_

Amount: \_\_\_\_\_

Charge #2. Name: \_\_\_\_\_

Date of service: \_\_\_\_\_

Type of Service(s): \_\_\_\_\_

Amount: \_\_\_\_\_

Charge #3. Name: \_\_\_\_\_

Date of service: \_\_\_\_\_

Type of Service(s): \_\_\_\_\_

Amount: \_\_\_\_\_

Only the type(s) of service cited may be purchased by the individual(s). Services other than those stated above will be the sole responsibility of the individual(s). Because of our payment system, you must **charge my account separately for each individual**. I have provided you with my account number and expiration date telephonically.

Cardholder Signature: \_\_\_\_\_

Print Name \_\_\_\_\_

Telephone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

Date: \_\_\_\_\_

**VENDOR ACKNOWLEDGMENT**

It is agreed that the services authorized by the above cardholder shall be provided to the individual(s) listed without demand of additional cash or credit card payment. Payment for purchases or services not authorized above shall be obtained from the individual(s). I confirm that the cardholder's account number and expiration date has been provided to me and is accepted as the method for full payment of the authorized services. The **account will be charged separately for each individual** and itemized receipts will be provided. Confirmation numbers for each are shown below.

Signature:

\_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Confirmation Numbers: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_