

**State of Florida Purchasing Card Program
Justice Administrative Commission
Contractual Billings Form**

AGENCY NAME: _____

No.	Vendor Name	Service Description (building lease, computer maintenance, cell phones, etc.)	Payment Type fixed or variable	Payment Schedule monthly or variable	Estimated Payment	Estimated Total FY Amount	FACTS Contract ID
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
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15.							
16.							
17.							
18.							
19.							
20.							

Please use additional sheet(s), if necessary

Billing Review Procedures:

Person performing a routine audit or independent review of billings to detect and recover the cost of any personal charges on PCards for cell phones, pagers, or any individual-use items ? _____

[\(See the Reference Guide for State Expenditures, sections Cellular Telephone-State Owned and Purchasing Card Transactions-Cellular Telephones\) for more information](#)

Authorization:

I have disclosed the agency's selection of merchants that accept the PCard for individual contractual direct billings totaling less than \$75,000 in a fiscal year, and for building and equipment leases.

I agree to monitor for compliance with Florida Administrative Code, the Reference Guide for State Expenditures, and the Chief Financial Officer's memoranda. I will document compliance with these and any other applicable regulations.

Signature

Executive or Administrative Director's Name:

Date: