

Commonwealth of Virginia
Agency Airline Travel Card (ATC) Request

ALL INFORMATION REQUIRED

Please print clearly and completely. Incomplete applications can not be processed.

Cardholder Name (First, Middle Initial, Last)	Agency Name
Mailing Address	Agency #
City, State, Zip Code	Business Phone Number ()
E-mail Address	Date of Birth (mm/dd/yy)
Cardholder Signature	Date

I agree and understand that at least annually the activity on all Agency Airline Travel Cards (ATC) will be reviewed to ensure limits are appropriate for the card's usage. I will provide written recommendations regarding any limit changes.

I further certify that I will review and approve this cardholder's transactions and supporting documentation on a monthly basis.

Supervisor Signature	Date
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To be filled out by the Program Administrator

Credit Limits: _____ (*not to exceed \$100,000 w/o DOA approval)	Single Purchase Limits: _____ (*not to exceed \$5,000 w/o DOA approval)
Program Administrator – Authorizing signature for card issuance	
Program Administrator Signature	Office Telephone (Area Code and Number)

Date entered in Works:
